

Department of the Army  
Office of the Deputy Chief of Staff, G-1  
ARMY RETIREE COUNCIL  
300 Army Pentagon  
Washington DC 20310-0300

Army Retirement Services

30 April 2004

MEMORANDUM FOR CHIEF OF STAFF, ARMY

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

1. The forty-fourth meeting of the Chief of Staff, Army, Retiree Council was held at the Pentagon, 26-30 April 2004.
2. The Council extends its gratitude to General Peter J. Schoomaker, Lieutenant General James J. Lovelace, Jr., Sergeant Major of the Army Kenneth O. Preston, and Lieutenant General Franklin L. Hagenbeck for balancing retiree concerns with the realities of the great tumult that our Army and our country are experiencing.
3. Health Care along with Communications and Education remain the primary areas of concern of the Council. Specific recommendations for improvements are included in the attachments.
  - a. **Health care** remains the number one issue for Army retirees, their families, and their surviving spouses. Continued improvements are needed to ensure high quality health care.
  - b. **Communications with and education** of retirees, their family members, and their surviving spouses continue to be a challenge in providing accurate and up-to-date information by a variety of media.
4. In addition, the Council urges the Chief of Staff, Army, to:
  - a. Further the viability of the military health care program by continuing to support the resourcing of high quality health care.
  - b. Further efforts to take care of surviving spouses by supporting 1) elimination of the Social Security Offset to Survivor Benefit Plan benefits, 2) acceleration of the implementation date of 2008 for the paid-up provision of the Plan to 2004, 3) elimination of the Dependency and Indemnity Compensation offset to the benefits.

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

c. Further the concept of equity between military retirees and other federal retirees by supporting authorization and funding of concurrent receipt of military retired pay and disability compensation for all eligible military retirees.

d. Further the concept of equity for retired Reservists by supporting modernization of the Reserve Component retiree system to permit receipt of retired pay earlier than age 60 based on the number of additional years of service beyond 20.

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

f. Further the role of retirees as Army ambassadors to their fellow citizens by authorizing retirees to purchase all items sold in Military Clothing Sales Stores.

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

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

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

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

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

Enclosures

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

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

**SITUATION:**

1. Health care remains the single greatest issue for military beneficiaries, affecting the well-being of more than 720,000 Army retirees worldwide. Of the 39 issues submitted by major Army installations worldwide, 14 addressed the accessibility, quality, and affordability of the Military Health Service System (MHSS).
2. While TRICARE for Life and the TRICARE Senior Pharmacy Program have gone a long way to meeting many of the health care expectations of beneficiaries, adjustments still need to be made and outstanding gaps must be filled.
3. Confusion continues to exist among retirees and their family members on the provisions of the still-evolving components of MHSS. This confusion makes it difficult for them to arrive at informed health care decisions. The Department of Defense needs to continue to develop and disseminate simple, clear instructions to all beneficiaries.

**COUNCIL COMMENTS:**

**Objective 1: Continuation of TRICARE Improvement.** Despite the significant changes to military health care that resulted from the realization of TRICARE for Life and other programs and the improvements implemented in processing procedures, much more still needs to be accomplished since TRICARE is, and must remain, the cornerstone of the Military Health Service System (MHSS). Accordingly, the Council advocates the following improvements:

**Improvement 1: TRICARE Provider Reimbursement Levels.** Raise the TRICARE reimbursement levels, as necessary, to attract and retain a network of physicians needed to provide accessible health care services to all beneficiaries. Consideration should be given to 1) an enhanced provider reimbursement incentive in geographic areas where the need has been validated and 2) increase of the legal reimbursement limit of 15% above the TRICARE allowable charge.

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

**Improvement 2: TRICARE Claims Processing.** Simplify and accelerate the processing of claims by ensuring that the recently announced, centralized claims processor is implemented expeditiously and in a beneficiary-friendly manner in all TRICARE regions and that the resulting system, indeed, proves to satisfy the needs of beneficiaries.

**Improvement 3: TRICARE Communications Initiative.** Continue to expand and focus a coordinated, targeted information campaign to assist beneficiaries in navigating health care complexities so they can make informed health care decisions and implement expeditiously those actions dictated by NDAA 04 to educate beneficiaries and help them locate providers. Enhanced communications will provide retirees with the information needed to make more informed decisions on retiree health care matters.

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

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

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

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

**Objective 3: Waiver of Penalties for Late Enrollment in Medicare**

**Part B.** Congress has passed legislation that permits "late" enrollment through 31 December 2004 in Medicare Part B without penalty for beneficiaries eligible for TRICARE for Life, eliminates the penalty for those who enrolled after January 2001, and provides for the reimbursement of penalties paid in 2004. The Center for Medicare and Medicaid Services and the Social Security Administration are in the process of notifying beneficiaries affected by the changes.

**Improvement 1:** Remain engaged in the notification efforts of the Center for Medicare and Medicaid Services and Social Security Administration to ensure all affected beneficiaries receive notifications. This is especially critical as previous mailings have not reached 100% of targeted beneficiaries.

**Improvement 2:** Continue current initiatives to inform beneficiaries of status of the efforts of others.

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

Great progress has been made in synchronizing the health care services of the Department of Defense and the Department of Veterans Affairs to the benefit of retirees, their family members, and their surviving spouses. A significant result has been to obviate efforts to restrict beneficiaries to a single health care source.

**Improvement:** Continue to support collaborative efforts between the Department of Defense and the Department of Veterans Affairs 1) to enhance the two health care systems that preserve and improve the benefits for all beneficiary groups including military retirees and 2) to implement an effective inter-departmental reimbursement mechanism.

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

**SITUATION:**

Communications with and education of retirees, their family members, and their surviving spouses continue to be a challenge in providing accurate and up-to-date information by a variety of media. The Army, with its Well-Being Program, must continue to invest in those who served in order to demonstrate that it will take care of its own. This sends a clear message to Active, Reserve, and National Guard Soldiers and future Soldiers and will influence their career decisions to remain in or to join the force.

**COUNCIL COMMENTS:**

**Objective 1: Quarterly Funding of "Army Echoes"**. "Army Echoes" is the principal Army publication that keeps retirees and their surviving family members in touch with the ever-changing benefits and entitlements. Funding for this publication has fluctuated, creating a challenge to its timing and creating a public affairs challenge as retirees and their family members perceive a lack of commitment and support from their Army. This publication is the authoritative communications link that reaches all retirees, their families, and their surviving spouses, disseminating current information on the retirement services program. Not only do retirees view "Army Echoes" as absolutely essential to their ability to stay informed, but it also satisfies the requirement for the dissemination of policy changes and interpretations.

**Improvement: Reinstatement of "Army Echoes" Funding.** Continue to provide funding for three issues per year and, as efficiencies of electronic distribution are realized, allow the savings to fund the publication of a fourth issue.

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

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

Improvement. Continue to support with sufficient resources the educational efforts necessary to address retirement and retiree programs. Target audiences should not only include those who have already retired and those who are about to retire, but also those who are making military career decisions. This effort should include the professional training programs for commanders and senior non-commissioned officers, most importantly those attending installation command and management courses.

## GUEST SPEAKERS

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

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

The Honorable Mr. Gordon H. Mansfield, Deputy Secretary of Veterans Affairs

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

LTG James J. Lovelace, Jr., Director of the Army Staff, United States Army

SMA Kenneth O. Preston, Sergeant Major of the Army

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

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

LTG James B. Peake, The Surgeon General/Commanding General, United States Army Medical Command

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

MG Kathryn G. Frost, Commanding General, Army and Air Force Exchange Service

MGEN Michael P. Wiedemer, USAF, Director, Defense Commissary Agency

BG Robert E. Gaylord, Chief of Public Affairs, Office of the Secretary of the Army

COL(P) Berwick, Deputy Chief, Legislative Liaison, Office of the Secretary of the Army

COL W. Mike Heath, Pharmacy Consultant, Office of the Surgeon General/Pharmacy Program Manager, U.S. Army Medical Command



## **GUEST SPEAKERS**

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

COL Larry J. Olson, USA (Retired), Director, Human  
Resources, U.S. Army Installation Management  
Agency

CAPT Thomas McDavid, USN (Retired), Director of  
Marketing, Communications and Professional  
Services, TRICARE Retiree Dental Program, Delta  
Dental of California

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

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

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

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

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-01-2004**

**MACOM: MDW**

**IMA REGION: NERO**

**INSTALLATION: Fort Belvoir, VA**

**SUBJECT: Health Care Initiatives for Those Under Age 65**

**DISCUSSION:** Provide more uniformed health coverage benefits for retirees and family members under 65 who now face health care challenges. Actions should include:

- 1 -- Pursuing legislative approval to offer Federal Employees Health Benefit Plan (FEHBP) participation as an option for those who don't wish to use TRICARE or who have trouble finding TRICARE-participating providers.
- 2 -- Seeking to facilitate cooperation between DOD and VA health programs to improve health coverage and ensure full funding of each – while continuing to resist efforts to merge the two, or force retirees to choose one or the other as their source of care.
- 3 -- Pursuing legislative approval to authorize active and retired members to pay health, dental and long-term care insurance premiums with pre-tax dollars.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:**

There are three issues contained in the above recommendation. Each is addressed separately as follows:

**1 -- Offering FEHBP to all who do not wish to use/or are unable to obtain TRICARE.**

The Chief of Staff, Army, Retiree Council does not support this issue. In 2002, the Army completed a 3-year Federal Employees' Health Benefit Plan (FEHBP) demonstration project. Military retirees who have access because of their or their spouse's employment are free to use it. TRICARE Prime is significantly less expensive for the under-65 age group as well as the government. There is a wide range of health care programs available to beneficiaries including Health Maintenance Organizations (HMO), Preferred Provider Options (PPO) and Fee-for-Service organizations. The cost of adding yet another option would not help a large portion of the beneficiary group. TRICARE is working and is improving as it evolves.

**2 -- Facilitating cooperation between and full funding of DOD and VA health programs without merger or requiring beneficiaries to choose between the two systems.**

The Chief of Staff, Army, Retiree Council supports this issue. In fact, two examples of such cooperation are: 1) the VA/DOD Financial Management Work Group; and 2) the VA/DOD Health Executive Council. These are active forums through which health care issues are resolved and partnerships are pursued.

**3 -- Authorizing active and retired members to pay health, dental and long-term care insurance premiums with pre-tax dollars.**

The Chief of Staff, Army, Retiree Council supports this issue. This is a DOD entitlements issue. Currently, the Internal Revenue Service (IRS) allows this benefit only to employer-provided plans, such as that offered to federal civil servants. Since military retirees are no longer DOD employees, a new tax provision would need to be created.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-02-2004**

**MACOM: MDW**

**IMA REGION: NERO**

**INSTALLATION: Fort Belvoir, VA**

**SUBJECT: Health Care Initiatives for Those Age 65 and Older**

**DISCUSSION:** Provide enhanced health coverage benefits for retirees and family members over age 65 that now face health care challenges. Areas of concern are:

1 -- The need for increased Medicare payment rates that will sustain high levels of provider participation in this essential health care program for seniors. This is the key to the continued success of TRICARE-for-Life (TFL).

2 -- Implementation of Medicare subvention to serve: 1) the needs of the military providers; 2) the medical readiness needs of the military services; and 3) the needed relief for members living overseas and others who did not elect Medicare Part B.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:**

There are two issues contained in the above recommendation. Each is addressed separately as follows:

**1 -- Adequate reimbursement to care providers of the over-65 age group.**

The Chief of Staff, Army, Retiree Council supports this issue. The problem is that TRICARE reimbursement rates are, by law, indexed to Medicare reimbursement rates, and change accordingly. Only Congress can change this law. TRICARE-for-Life (TFL) continues to evolve, however, as weaknesses are identified. Examples are The Mail Order Pharmacy (TMOP) effort; the Retiree Dental Plan (TRDP) enhancements of May 1, 2003; and most recently the relief from the enrollment penalty for those who did not sign up for Medicare Part B when first eligible. TRICARE Service Centers will provide individuals with lists of providers who are program participants, and will accept TRICARE rates. Note that Medicare is the first payer for the over-65 age group.

**2 -- Implementing Medicare subvention for all beneficiaries, irrespective of where they are living in the world.**

The Chief of Staff, Army, Retiree Council does not support this issue. Several Military Treatment Facilities (MTF) participated in a Subvention Demonstration Project from 1998-2001 — TRICARE Senior Prime. It was well-executed and extremely popular but extremely expensive. Thus, the second phase that would have allowed direct reimbursement to MTFs was not implemented. TRICARE-for-Life (TFL) was implemented and has proven to be quite popular and effective. Laws must be changed to allow Medicare support OCONUS.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-03-2004**

**MACOM: FORSCOM**

**IMA: SERO**

**INSTALLATION: Fort Stewart, GA**

**SUBJECT: TRICARE Improvement**

**DISCUSSION:** Despite the significant improvements to military health care that have resulted from such programs as TRICARE-for-Life (TFL), much more still needs to be accomplished since TRICARE is, and will continue to be, the cornerstone of the military health care system. Strongly recommend that the following improvements be made to TRICARE:

- 1 -- Provider reimbursement levels must be sufficient to attract and retain a competent network of health care providers.
- 2 -- The reimbursement process to pay these providers must be simplified and accelerated.
- 3 -- Diagnostic procedures need to be expanded to cover more procedures. For example, baseline bone density scans are not currently provided for post menopausal women.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:**

There are three issues contained in the above recommendation. Each is addressed separately as follows:

**1 -- Maintain competitive network reimbursement levels.**

The Chief of Staff, Army, Retiree Council supports this issue. Unfortunately, or fortunately, TRICARE rates are indexed to MEDICARE rates and fluctuate accordingly. Compensation tools have been introduced to facilitate access for Active Duty members and their families, but Medicare has not offered the same to Medicare recipients (TRICARE-for-Life).

**2 -- Improve the provider reimbursement process.**

The Chief of Staff, Army, Retiree Council supports this issue. A new generation of TRICARE contracts is currently being implemented. This should facilitate electronic claims submission and improve the reimbursement process. To be awarded the contract, the organizations had to demonstrate the ability to process claims within certain requirements. The TRICARE Management Activity (TMA) reports that of the 8.5 million claims processed per month, the average turnaround time for "clean" claims is 15 days, and for electronic claims, 5 days.

**3 -- Reimbursement for procedures which serve to promote health.**

The Chief of Staff, Army, Retiree Council supports this issue. TRICARE has undergone a major shift in philosophy -- going from reactive care to preventive care. Based on scores of responses to the annual Health Care Survey of DOD beneficiaries, the Army is meeting or exceeding national goals set by the U.S. Department of Health and Human Services, and the study entitled, "Healthy People 2010." Diagnostic procedures such as bone density studies are now based on individual clinical findings and evidence-based review guidelines. The recently passed Medicare Prescription Drug, Improvement, and Modernization Act of 2003 focuses on prevention, and covers an initial preventive physical examination which includes education, counseling and referral with respect to screening, including bone mass measurements. Implementation begins after 1 January 2005.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-04-2004**

**MACOM: MDW**

**IMA: NERO**

**INSTALLATION: Fort Myer, VA**

**SUBJECT: TRICARE-for-Life (TFL) Coverage Relative to Supplemental Policies**

**DISCUSSION:** Many seniors persist in retaining their former supplemental health insurance in addition to having coverage under Medicare and TFL. This decision is usually based on lack of confidence in the existing program and more so, on lack of understanding of the extent of their Medicare and TFL coverage, and what is not covered. In most instances, these seniors pay for overlapping coverage, some with money they can ill afford. It would be of benefit to these seniors to be notified in a concise fact sheet, what the limitations are of their existing Medicare and TFL coverage, and what kind of insurance could be helpful if that gap in coverage remains a concern. Continue to make information available so that an informed decision can be made by the individual. "Army Echoes" could be used to disseminate this information at minimal cost to the government.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:**

The Chief of Staff, Army, Retiree Council does not support this issue. Admittedly, continual dissemination of information regarding TRICARE benefits will be needed as long as there are Plan changes and beneficiaries who have not received the word of them – which means, for the lifetime of the plan. In fairness to the TRICARE Management Activity (TMA), they have emphasized education and communication. Information has repeatedly appeared in local and Department of Army retiree bulletins. Retirees have also been notified individually of programs and changes. Information is available in both hard copy and on the TRICARE homepage <http://www.tricare.osd.mil>. TRICARE cannot advise people on the matter of keeping, dropping or obtaining supplemental health insurance. They can only provide them with information and facts to assist in making informed decisions.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-05-2004**

**MACOM: EUSA**

**IMA: Korea**

**INSTALLATION: Korea**

**SUBJECT: Modify TRICARE Reimbursement Procedure Regarding the Catastrophic Cap**

**DISCUSSION:** The TRICARE Standard and TRICARE-for-Live (TFL) catastrophic cap is set at \$3,000 -- defined as the maximum amount a retiree has to pay for TRICARE-covered claims in one year. This does not reflect the reality of the situation. Retirees are expected to pay the full cost for the health care received and then submit a claim to receive reimbursement for the costs. At the end of the process when all claims have been made and paid, the retiree's out-of-pocket expense after the \$150 deductible is \$3,000. The retiree, in actuality, may have to pay much more than \$3,000 out-of-pocket before starting to receive reimbursement from TRICARE for ongoing health care claims. In extreme cases, the retiree's out-of-pocket health care costs may climb to six figures before the first reimbursement check arrives from TRICARE. This provides an unnecessary burden on the retiree and creates a stressful situation that could negatively affect the retiree's (or family member's) recovery. In Korea, a "cash patient", which is the category for TRICARE Standard and TFL patients, is not discharged until the entire bill is paid in full. This could delay discharge and add unnecessary expense and stress to an already stressful situation.

Recommend that when a retiree's covered health care costs reach \$3,000 in submitted claims, the retiree should be relieved of further payments and payments should be negotiated directly between TRICARE and the health care provider. The retiree should not ever have to pay more than the \$3,000 catastrophic cap in out-of-pocket allowable costs in one year. In the event the retiree's share of the total claims is less than \$3,000, the difference should be refunded to the retiree as part of the final claim settlement. If a later health care situation results in additional claims, the retiree's share of costs will be the difference in the previous amount of the retiree's cost share and the \$3,000 catastrophic cap. For example, if a retiree's share of a previous claim amounted to \$1,880, the maximum out-of-pocket costs for a subsequent claim in the same year would be \$1,120, after which TRICARE would assume payments directly to the health care provider.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:**

The Chief of Staff, Army, Retiree Council does not support this issue. Over the years, the catastrophic cap has been reduced from \$10,000 to \$3,000. Additionally, it has been realigned with the calendar year rather than fiscal year. In the U.S., a beneficiary who receives care from a participating TRICARE provider does not pay out-of-pocket charges once the catastrophic cap is reached. Neither DOD nor the US government can dictate standards of practice or pricing to foreign country providers. TRICARE will not cover charges beyond the 100% of TRICARE Maximum Allowable Charges (TMAC).

Recently DOD expanded the overseas contract held by the medical assistance company International SOS (ISOS) to cover 146 remote area countries. Military retirees have access to ISOS network providers when they are in any of these covered remote areas. The benefits of using these providers are: 1) their charges are normally more realistic; 2) up-front payment is not required; 3) catastrophic cap claims are easier to track; and 4) these providers are screened through credentialing activities.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-06-2004**

**MACOM: USARPAC**

**IMA: Pacific**

**INSTALLATION: Schofield Barracks, HI**

**SUBJECT: TRICARE "Senior" Problems When Traveling**

**DISCUSSION:** At Tripler AMC, those eligible retirees age 65 and above who are registered in a program called Tripler "Tricare Senior" have a problem when traveling.

A retiree reports: "Recently I traveled to Okinawa and my wife needed one pill that she takes once a week. We had the name of the Rx, however at the Military Treatment Facility (MTF) at Kadena Air Base they required us to be registered in order to get a refill. We registered and received the Rx. I was impressed. When I returned to Hawaii I discovered that we were automatically disenrolled from Tripler's TRICARE Senior when registering in Okinawa. The TRICARE Health Benefit Advisor (HBA) stated that once disenrolled there is no mechanism to get re-enrolled.

Unbelievable as it may sound, the MTFs throughout the country find it more expedient to kick out retirees and send them to civilian providers in order that MEDICARE and/or TRICARE-for-Life (TFL) would pay for their needs. For example, while traveling in Japan, if I elected NOT to go to a US MTF, TFL would have paid for my doctor's appointment and the subsequent pill, at a cost of about \$500. By registering at Kadena Air Base, I received the Rx at no cost, or maybe for less than \$10, but upon my return to Hawaii I received the bad news that I was OUT. Something is wrong.

It looks like we have a program in Hawaii called TRICARE Senior that only covers you while in town. I explained that next week I go to Washington, DC for 3 days and asked what I should do if I need medicine or to see a doctor. Instead of going to the Fort Belvoir MTF where I will be staying, I was told to go down town. If I go to Belvoir I have to explain to them NOT to register me or I will get disenrolled back in Hawaii. They may or may not see me or give me the medicine. Too iffy.

Bottom Line: We have seniors today who are extremely mobile and travel all over the world. They are generally healthy, but if they need minor medical care and there are uniformed services MTFs in the locale where they are, they should be seen without risking disenrollment from their home of record's military catchment facility. I don't think this is just Hawaii, but reflect the rules that are in existence worldwide.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:**

The Chief of Staff, Army, Retiree Council supports this issue. The individual's situation highlighted in this issue was mishandled. The individual should not have been disenrolled based on the mini-registration requirement for dispensing medication. This problem resulted from a lack of knowledge both on the part of the providers and the patient. The Army Medical Department (AMEDD) does recognize that this case highlights the need to educate patients as well as staff on how to obtain care outside of one's Military Treatment Facility (MTF) – on both rules and process. (Note: the beneficiary highlighted herein has been re-enrolled.) In addition, installation retiree councils should attempt to assist individuals when local issues arise by referral to appropriate MTF or Medical Command experts.



**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-07-2004**

**MACOM: FORSCOM**

**IMA: SERO**

**INSTALLATION: Fort Stewart, GA**

**SUBJECT: Seamless Medical Care**

**DISCUSSION:** Fort Stewart Retiree Council supports the concept of seamless medical care between the DOD and VA medical systems and just distribution of resources to maximize effectiveness and efficient response to the needs of retirees.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:**

The Chief of Staff, Army, Retiree Council supports this issue. DOD and the Department of Veterans Affairs (VA) are working in concert to provide readjustment counseling and guidance while members are still on active duty. In addition, both agencies will provide health care services for those newly returned from a combat zone without waiting for their initial physical appointment, which could be months away. These returnees will be eligible for two years of health care even if they do not have a service-connected disability. Adequate funding is essential and this situation must be monitored carefully to ensure this continuity actually occurs as needed. Communication is critical to ensuring that veterans avail themselves of these services.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-08-2004**

**MACOM: FORSCOM**

**INSTALLATION: Fort Stewart, GA**

**SUBJECT: Delta Dental Program (DDP)**

**DISCUSSION:** Although the current DDP is an improvement over past plans it still does not provide coverage appropriate to an aging retiree population. Procedures such as root canals, bridges and other extensive dental work need to be included.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:**

The Chief of Staff, Army, Retiree Council supports this issue. The Retiree Dental Plan (TRDP) is a work-in-progress. It has demonstrated continuing improvement since its inception. More complex procedures are now at least partially covered. For example, following the established 12-month waiting period (which was reduced from 24 months in May 2003), TRDP will pay 60 percent of the Plan's allowed amount for services such as root canals. Then after the 12-month waiting period, it will pay 30 percent for bridges, dentures, etc., with this amount increasing to 50 percent after 24 months. The problem is that it remains barely a token benefit for many retirees, as its maximum annual amounts are limited as well.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-09-2004**

**MACOM: EUSA**

**IMA: Korea**

**INSTALLATION: Korea**

**SUBJECT: Provide TRICARE Retiree Dental Plan (TRDP) Coverage at Selected Overseas Locations**

**DISCUSSION:** The TRICARE Retiree Dental Plan (TRDP) is offered only to military retirees residing in the United States – not overseas. Lack of military dental care for retirees in the ROK is the number one issue in the retiree community.

Both Army and Air Force military dental clinics have effectively terminated all but emergency dental care. On-post dental care for military retirees in the Republic of Korea has been effectively terminated. In theory, retirees can sign up for space-available appointments. However, such appointments occur only when another patient fails to keep a scheduled appointment. A retiree has to be immediately available and in close proximity to the dental clinic in order to take advantage of these infrequent space-available appointments.

In the Republic of Korea (ROK), the Eighth U.S. Army dental surgeon has entered into memorandums of agreement with local off-post dentists and has authorized paid dental care for dependents of active duty personnel at these local dentists.

Since the TDRP exists in the U.S., and since off-post dental care is certified for a portion of the patient population in the ROK, there would seem to be no significant obstacle to the provision of dental care to retirees in the ROK.

Recommend that the Department of the Army, in concert with the Department of Defense, develop a plan for extending retiree dental care to those overseas areas where off-post dental care has already been authorized for other portions of the total patient population (e.g., dependents of active duty military personnel). Work with the contractor for TDRP to develop proposals.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:**

The Chief of Staff, Army, Retiree Council supports this issue. Dental support at active duty installations will continue to be limited during this period of the Global War on Terrorism (GWOT). However, poor dental health has a great impact on overall health, and the cost of preventive care is worth paying to provide retirees residing overseas with some relief. The USA Dental Command (DENCOM) has a mechanism in place to provide space-available dental care to OCONUS family members, retirees and civilians. The process uses a list of patients who can report to the dental clinic on very short notice, and also allows them to stand by in the clinic area so they are immediately available should a vacancy occur. The Assistant Secretary of Defense for Health Affairs has established a policy (#97-045) that further defines space-available care in dental facilities. The DENCOM will reiterate to all dental commanders in Korea its policy and the mechanism available for providing non-active duty dental care.

The Army Surgeon General will request that the TRICARE Management Activity (TMA) consider enhancing dental benefits for OCONUS retirees at the next TRICARE Retiree Dental Plan (TRDP) contract re-competition in 2007. (Note: The Army Retirement Services Office will monitor the next contract re-competition on this particular point.) TRDP is not government-subsidized currently, so any increases in services will result in significant premium increases for ALL enrolled retirees. The DENCOM supports Congressional increases in resources to allow support of non-active duty patients, but cost and readiness issues make approval very unlikely.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-10-2004**

**MACOM: MDW**

**IMA: NERO**

**INSTALLATION: Fort Myer, VA**

**SUBJECT: Vision Care**

**DISCUSSION:** Vision care is provided in Military Treatment Facilities (MTF) on a space-available basis. Vision care is not covered by Medicare and/or TRICARE-for-Life (TFL). Vision care does not have a government-sponsored insurance program like dental care. In view of this, MTFs should take special consideration to extend vision care assistance to retirees 65 years and older, to the best of their abilities. Vision care insurance should be one item placed into consideration for any future expansion of a private insurance program sponsored under TRICARE auspices, similar to dental care.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:**

The Chief of Staff, Army, Retiree Council does not support changing the priority of care. Space-available eye examinations, as well as military eyeglasses, are provided at no cost at Military Treatment Facilities (MTF). To support this issue, active duty and TRICARE Prime members would have to be placed in a lower priority, since this type access is not provided for others. The Council supports TRICARE's focus on prevention. Recently, in line with the focus on prevention, an eye care benefit was added to the TRICARE Clinical Preventative Service to assure early detection and treatment of problems. Though normally only a one-time event, it does provide a critical baseline. Automated Staffing Assistance Models were developed to determine the number of optometrists needed to support eye care for all eligible clients. The cost of extending care to those 65 and older would be prohibitive. Note that many installations offer vision screening during well-publicized Retiree Appreciation Day (RAD) events, yet many retirees do not attend.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-11-2004**

**MACOM: TRADOC**

**IMA: NERO**

**INSTALLATION: Carlisle Barracks, PA**

**SUBJECT: Medicare Prescription Drug Benefit vs. Military Retiree Pharmacy Benefits (Military Facility Pharmacy, TRICARE PharmaCare, & TRICARE National Mail Order Pharmacy Program)**

**DISCUSSION:** In the current bill, there is the choice to use a non-Medicare prescription program. We propose that a section of eligibility be included to indicate that one will not be forced to use the Medicare program if one is eligible for another prescription drug program. We firmly believe it should be a permanent part of the bill.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:**

The Chief of Staff, Army, Retiree Council supports retiree choice. The "current bill" referred to is now law, and provides for such choice. This situation will be monitored closely if reintroduced.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-12-2004**

**MACOM: MDW**

**IMA: NERO**

**INSTALLATION: Fort Myer, VA**

**SUBJECT: Medication**

**DISCUSSION:** Many retirees do not receive treatment at Military Treatment Facilities (MTF) except for their medications. Some do not have a primary physician/care-taker who monitors their medication intake. While military pharmacies do monitor the medications that are disbursed to respective patients, there is presently no effort made to secure data on other medications and/or over-the-counter medications that a patient may be taking. Recommend that a program be instituted to collect this information to avoid any conflicting medication intakes.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:**

The Chief of Staff, Army, Retiree Council does not support this issue. In 2000, DOD implemented the Pharmacy Data Transaction Service (PDTS). The immediate objective was patient safety and quality care by reducing the risk of adverse drug interactions and duplicate drug therapies. PDTS integrates all three DOD Pharmacy benefit points-of-service, which are: 1) the 587 Military Treatment Facility (MTF) pharmacies; 2) the TRICARE Mail Order Pharmacy (TMOP); and 3) the 44,000 nationwide retail network pharmacies. They are currently working with the VA to provide the same system. Thus, all drugs except VA drugs are screened. Since its implementation in December 2000, the PDTS has processed more than 200 million prescription transactions and through its real-time patient drug utilization review function, has identified and prevented more than 55,000 potentially life-threatening drug interactions.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-13-2004**

**MACOM: USAREUR**

**IMA: Europe**

**INSTALLATION: USAREUR**

**SUBJECT: Medical Passenger Initiative**

**DISCUSSION:** Until recently, all TRICARE beneficiaries traveling for medical appointments who did not require in-flight care had the opportunity to travel through the aero medical evacuation system at no cost to the beneficiary and no additional cost to the Government.

However, with the divestiture of the C-9 aircraft from the system and the transition to requirements-based use of other airframes for aero medical evacuation, retirees to whom eligibility for enrollment in TRICARE Prime has not been extended - most significantly overseas retirees and their family members - have only the alternatives to travel by opportune military air on a space-available basis (Category VI), or by commercial air at their own expense.

While the planned aspect of the new system (i.e., increased referrals to local care where available) may be a realistic option in CONUS, it is an unrealistic option in many OCONUS areas, especially in certain medical specialties.

The original idea, developed within the military aero medical evacuation system, was to create a Medical Passenger category that would provide a higher priority status for seats on DOD aircraft at no travel cost to the referring MTFs or the beneficiaries, similar to what they experienced in the C-9 system. The original idea envisioned that medical passengers would fall within Space-Available Category II and that this category would apply to travel for referral and follow-up care.

Implicit is that this category should also apply to the beneficiary's return travel. Furthermore, this category would apply to any travel related to follow-up care.

The Chief of Staff should urge the proponent to change DOD 4515.13R, and other appropriate documents, to create a medical passenger category within Space-available, Category II. This would provide for round-trip travel for referral and follow-up care. Implementation of the change would have little, if any, additional cost to the government, and would continue to provide the level of support to those who have served their country faithfully.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:**

The Chief of Staff, Army, Retiree Council supports this issue. This is a DOD issue, as it impacts all military services. All routine, scheduled flights in the continental U.S. (CONUS) and overseas (OCONUS) were cancelled with the onset of Operation Iraqi Freedom (OIF). TRICARE Prime patients are authorized travel on civilian carriers at government expense. Since TRICARE Prime is not authorized OCONUS, this support does not assist overseas retirees. TRICARE Plus and TRICARE Standard patients are not authorized this travel in CONUS. Standby status or travel-at-their-own-expense are their only options for the foreseeable future. A change to the priority system would be helpful to the extent it does not interfere with missions associated with the Global War on Terrorism (GWOT).

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-14-2004**

**MACOM: FORSCOM**

**IMA: NERO**

**INSTALLATION: Fort Bragg, NC**

**SUBJECT: Identity Theft**

**DISCUSSION:** Active duty and retired service members have been victims of identity theft due to persons gaining access to their Social Security Number (SSN). Once in possession of one's SSN, unauthorized persons have been known to gather additional information about the victim by extracting data from the DD Form 214, and other personal, confidential sources. Presently, TRICARE contractors include the complete SSN of the sponsor member (active/retired). Recommend that TRICARE truncate the SSN to the last four digits preceded by the last name on all outgoing correspondence and statements. This would suffice to both properly identify and protect the identity of the recipient.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:**

The Chief of Staff, Retiree Council supports this issue. The TRICARE Management Activity (TMA) and all military services are working to ensure that systems are in place to mitigate identity theft. TRICARE Next Generation contracts require that all transmitted data is encrypted. Some transactions will be transmitted only through encrypted, dedicated telephone lines. The Army Medical Department (AMEDD) follows Health Insurance Portability and Accountability Act (HIPAA) standards for protecting patient data. Clinics throughout the Military Health System have implemented Virtual Private Networks (VPNs) to encrypt data from outlying clinics/providers to the main hospitals. All AMEDD systems are undergoing, or have completed, a security certification process. Personally identifiable information has been removed from all AMEDD websites in accordance with DOD policy. In addition, physical security measures have been implemented at all server "closets" and places where medical records are housed. In newer facilities, restricted access to clinics and offices assists greatly in this effort. However, DOD must continue this effort and determine some method for masking portions of the SSN on various TRICARE documents released to beneficiaries and providers.



**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-15-2004**

**MACOM: TRADOC**

**IMA: NWRO**

**INSTALLATION: Fort Leonard Wood, MO**

**SUBJECT: SBP Paid-Up Provision - Effective Date**

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

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:**

The Chief of Staff, Army, Retiree Council supports this issue through the passage of legislation to change the implementation date of the "paid-up" provision of the Survivor Benefit Plan (SBP) from its current date, 1 October 2008, to 1 October 2004.

Two bills have been introduced -- HR 1653 and S 2177 -- which, if passed, will move ahead the effective date. HR 1653 proposes an effective date of 1 October 2003, with a retroactive refund of the overpaid SBP premiums to eligible retirees. S 2177 proposes an effective date of 1 October 2004. The Council believes that HR 1653 stands little chance of enactment, given the budget realities faced by the 108<sup>th</sup> Congress. Therefore, the Council supports the 1 October 2004 effective date proposed in S 2177.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-16-2004**

**MACOM: TRADOC**

**IMA: NWRO**

**INSTALLATION: Fort Leonard Wood, MO**

**SUBJECT: Eliminate the Social Security Offset to SBP**

**DISCUSSION:** Recommend surviving spouses continue to receive the SBP annuity at the 55 percent level. Many retirees and their spouses were told their benefits would continue through retirement and were never informed or were misinformed concerning the SBP annuity being reduced whenever the surviving spouse reached age 62. With limited cost of living raises, spouses need the 55 percent level of SBP today more than ever before. The social security offset method of computing SBP entitlement was eliminated October 1, 1985. Many retirees and their spouses were not accurately briefed about SBP at the time of their retirement. We need to eliminate the social security offset and the reduced level of SBP computation in its entirety so that we may give surviving spouses their full entitlement.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:**

The Chief of Staff, Army, Retiree Council supports this issue through the passage of legislation to eliminate the Social Security Offset (SSO) feature of the Survivor Benefit Plan (SBP) provided that the legislation does not increase the present 6.5 percent premium cost to the retiree for spouse coverage. Both HR 3763 and S 1916 propose elimination of the SSO and a continuation of the 6.5 percent premium costs.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-17-2004**

**MACOM: FORSCOM**

**IMA: SERO**

**INSTALLATION: Fort Stewart, GA**

**SUBJECT: Eliminate the Social Security Offset to SBP; and the SBP/DIC Offset**

**DISCUSSION:**

1. This Retiree Council feels so strongly that we again present this as a recurring issue. The surviving spouse should not be subject to an annuity offset at age 62. This Council supports S 145 which proposed a gradual increase until the offset is eliminated.

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

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:**

This issue has two parts, addressed individually as follows:

1. The Chief of Staff, Army, Retiree Council supports this issue through passage of legislation which will eliminate the Social Security Offset (SSO) to the Survivor Benefit Plan (SBP), provided that the legislation does not increase the present 6.5 percent premium cost to the retiree for spouse coverage. HR 3763 and S 1916 propose elimination of the SSO and a continuation of the 6.5 percent premium cost.
2. The Chief of Staff, Army, Retiree Council supports this issue through elimination of the Dependency and Indemnity Compensation (DIC) offset to the surviving spouse in receipt of SBP. It supports the two current legislative initiatives -- HR 1726 and S 585 -- which would repeal the SBP/DIC offset.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-18-2004**

**MACOM: FORSCOM**

**IMA: SERO**

**INSTALLATION: Fort Knox, KY**

**SUBJECT: SBP Contributions**

**DISCUSSION:** This continues to be an area of concern for this council. Retirees feel that the possible benefits that might be derived from SBP are not consistent with the amount of contributions which will be paid by the retiree. This council feels that while there is now a date certain for vesting, it does not come soon enough. Also, the surviving spouse is left in a near state of poverty in many instances. Again, should the council desire, we would be privileged to provide real life examples of the hardships resulting from the present system.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:**

The Chief of Staff, Army, Retiree Council supports this issue through passage of legislation to change the implementation date of the "paid-up" provision of the Survivor Benefit Plan (SBP) from its current date, 1 October 2008, to 1 October 2004. Two bills have been introduced -- HR 1653 and S 2177 -- which, if passed, will move ahead the effective date. HR 1653 proposes an effective date of 1 October 2003, with a retroactive refund of the overpaid SBP premiums to eligible retirees. S 2177 proposes an effective date of 1 October 2004. The Council believes that HR 1653 stands little chance of enactment, given the budget realities faced by the 108<sup>th</sup> Congress. Therefore, the Council supports the 1 October 2004 effective date proposed in S 2177.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-19-2004**

**MACOM: MEDCOM**

**IMA: SERO**

INSTALLATION: Fort Sam Houston, Texas

**SUBJECT: The Two-Tiered Method Used in Computing Survivor Benefit Plan (SBP) Annuities**

**DISCUSSION:** The provision of the SBP law that reduces the amount of SBP from 55 percent to 35 percent after age 62 did not take into consideration those spouses of retirees who have a pension for work not covered under Social Security, i.e. school teachers and federal employees retiring under the Civil Service Retirement System (CSRS). Prior to the 1 October 1985 law, spouses who would not receive Social Security benefits would not receive a reduction in the SBP annuity. However, with the new two-tier method of computing SBP annuity, the spouse is offset twice; once by Social Security and then also by SBP. The old Social Security Offset law which provided for no offset for those spouses who receive no Social Security, should be reinstated so that those spouses are treated fairly.

Recommend that the Chief of Staff, Army, Retiree Council support an effort to change the old offset laws back to the pre-1 October 1985 offset law and the two-tier method of reducing SBP annuities to enhance the program as fair and equitable for all spouses.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:**

The Chief of Staff, Army, Retiree Council does not support this issue at this time. Presently, there is legislation proposed in both houses of Congress (HR 3763 and S 1916) which would eliminate the Social Security Offset (SSO) to the Survivor Benefit Plan (SBP). If enacted, this legislation would eliminate the problem as stated in this issue. If not enacted, this issue could be revisited in the future.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-20-2004**

**MACOM: TRADOC**

**IMA: NERO**

**INSTALLATION: Fort Knox, KY**

**SUBJECT: Age 62 SBP Offset; Move Ahead the Implementation Date for the Paid-Up Provision; and Increase the Government Subsidy Percentage**

**DISCUSSION:**

1. In 1972 when SBP was enacted, retirees generally believed that they were insuring their spouses for an amount equal to 55 percent of their retirement pay for life. Although the offset or reduction at the age of 62 was part of the plan, little if any publicity was given to the fact that post age 62 retirement would be reduced to 35 percent of retired pay. The total retiree benefit is further reduced by additional reduction of retiree social security benefits accumulated through the retirees' military earnings. This reduction also applies to widow/widowers whose social security benefits were accumulated through their own work history. Furthermore, the DOD contribution through their own effectively reduced from 40 percent to 27 percent over time.

2. It is recommended that DOD give consideration to recommending to Congress that corrective legislation be considered and also the adoption of the paid-up benefit for those who have paid premiums for over thirty years with an effective date prior to 2008 - the date projected in the current Retired Serviceman's Family Protection Plan (RSFPP) legislation.

3. Council also supports efforts to align the government's contribution to SBP from the present 27 percent to 50 percent or the amount of government contribution to the Civil Service retirement annuity plans. (Council felt that this item should be submitted again. We understand past responses but the problem had not changed.)

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:**

This issue has three parts, each of which is addressed individually as follows:

1. The Chief of Staff, Army, Retiree Council supports this issue through passage of legislation to change the Survivor Benefit Plan (SBP) "paid-up" provision from 1 October 2008 to 1 October 2004. HR 1653 and S 2177 have been introduced in the 108<sup>th</sup> Congress, which, if passed, will move ahead the effective date.

2. The Chief of Staff, Army, Retiree Council supports this issue through passage of legislation to eliminate the Social Security Offset (SSO) to SBP, provided the legislation does not increase the current 6.5 percent SBP premium to the retiree for spouse coverage. HR 3763 and S 1916 propose elimination of the SSO, and a continuation of the 6.5 percent premium cost for spouse coverage.

3. The Chief of Staff, Army, Retiree Council acknowledges that enactment of either or both of the above legislative proposals would favorably alter the amount of the government subsidy to SBP.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-21-2004**

**MACOM: FORSCOM**

**IMA: NWRO**

**INSTALLATION: Fort Carson, CO**

**SUBJECT: Dependency & Indemnity Compensation (DIC)**

**DISCUSSION:** This matter applies to surviving spouses under 65. When a retired service member enrolled in the Survivors Benefit Program (SBP) dies, the surviving spouse begins to draw the appropriate percentage of the retiree's pay. If however, the VA determines that the retiree's death was the result of service-connected medical problems, the surviving spouse begins to receive Dependency & Indemnity Compensation (DIC). When DIC is approved by the VA, the SBP payments are reduced by the DIC amount. The surviving spouse receives a refund of the premiums connected with the reduced SBP, but this amount is normally miniscule. Surviving spouses, especially those of retirees who started SBP during the first decade or so of the program (before the offset was widely publicized) believe they are being cheated out of the insurance their spouses paid for.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:**

This issue has two parts, each of which is addressed separately, as follows:

1. The Chief of Staff, Army, Retiree Council supports elimination of the Dependency and Indemnity Compensation (DIC) dollar-for-dollar offset applicable to the Survivor Benefit Plan (SBP) annuity received by a surviving spouse.
2. The Chief of Staff, Army, Retiree Council supports two legislative initiatives currently being considered by the 108<sup>th</sup> Congress which would repeal the Social Security Offset (SSO) -- HR 3763 and S 1916.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-22-2004**

**MACOM: FORSCOM**

**IMA: SERO**

**INSTALLATION: Fort Stewart, GA**

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

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

**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. A Combat-Related Special Compensation (CRSC) program was enacted by Congress in the 2003 National Defense Authorization Act (NDAA). The provision effective date was 1 June 2003. The CRSC program was further enhanced by the 2004 NDAA (effective date 1 January 2004) -- representing another step toward obtaining full concurrent receipt for all disabled military retirees.

The Concurrent Retirement and Disability Program (CRDP) entitlement was created by Section 641, 2004 NDAA, effective 1 January 04. CRDP provides that retirees who are rated by the VA as at least 50 percent disabled, will achieve full concurrent receipt of retired pay and VA disability compensation through receipt of incremental increases to their military retired pay account over a 10-year period. Set first-year amounts were paid to retirees effective 1 January 04 and ranged from \$100 to \$750 per month. CRDP represents another step toward obtaining full concurrent receipt for all disabled military retirees.

Two bills, HR 303 and S 392, have been introduced in the 108<sup>th</sup> Congress to provide full concurrent receipt (i.e., to the full retired military population who experienced by the offset).



**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-23-2004**

**MACOM: TRADOC**

**IMA: NWRO**

**INSTALLATION: Fort Leonard Wood, MO**

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

**DISCUSSION:** For the first time in history Congress has agreed by language in the National Defense Authorization Act of 2004 that the prohibition of Concurrent Receipt of Military Retired Pay and VA Disability Compensation is wrong, however they failed to complete the task of awarding concurrent pay to all military retirees who are eligible to draw both. Recommend you push for the elimination of the ban on concurrent receipt for all eligible beneficiaries including those who are 10percent to 40percent disabled and also eliminate the ten year phase in period for all beneficiaries.

**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.

A Combat-Related Special Compensation (CRSC) program was enacted by Congress in the 2003 National Defense Authorization Act (NDAA), with payments effective 1 June 2003. The CRSC program was further enhanced in the 2004 NDAA (effective date 1 January 2004) -- representing another step toward obtaining full concurrent receipt for all disabled military retirees.

The Concurrent Retirement and Disability Program (CRDP) entitlement was created by Section 641, 2004 NDAA, effective 1 January 04. CRDP provides that retirees who are rated by the VA as at least 50percent disabled, will achieve full concurrent receipt of retired pay and VA disability compensation through receipt of incremental increases to their military retired pay account over a 10-year period. Set first-year amounts were paid to retirees effective 1 January 04 and ranged from \$100 to \$750 per month. CRDP represents another step toward obtaining full concurrent receipt for all disabled military retirees.

Two bills, HR 303 and S 392, have been introduced in the 108<sup>th</sup> Congress to provide full concurrent receipt (i.e., to the full retired military population who experience an offset).

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-24-2004**

**MACOM: TRADOC**

**IMA: NERO**

**INSTALLATION: Ft Knox, KY**

**SUBJECT: Concurrent Receipt**

**DISCUSSION:** Congress has agreed in the National Defense Authorization Act 2004 that the prohibition of concurrent receipt of military retired pay and VA disability compensation is wrong, however, they need to complete the task by awarding the pay to military retirees who are eligible to draw both. We need to push for the elimination of the ban on concurrent receipt for all eligible beneficiaries including those who are 10percent to 40percent disabled and also eliminate the ten year phase in period for all beneficiaries.

**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 disabilities.

A Combat-Related Special Compensation (CRSC) program was enacted by Congress in the 2003 National Defense Authorization Act (NDAA), with payments effective 1 June 2003. The CRSC program was further enhanced in the 2004 NDAA (effective date 1 January 2004) -- representing another step toward obtaining full concurrent receipt for all disabled military retirees.

The Concurrent Retirement and Disability Program (CRDP) entitlement was created by Section 641, 2004 NDAA. CRDP provides that, beginning 1 January 2004, retirees who are rated by the VA as at least 50 percent disabled, will achieve full concurrent receipt of retired pay and VA disability compensation through receipt of incremental increases to their military retired pay over a 10-year period. Established first-year amounts were paid to retirees effective 1 January 04 and ranged from \$100 to \$750 per month. CRDP represents another step toward obtaining full concurrent receipt for all disabled military retirees.

Two bills, HR 303 and S 392, have been introduced in the 108<sup>th</sup> Congress to provide full concurrent receipt (i.e., to the full retired military population who experience an offset).

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-25-2004**

**MACOM: TRADOC**

**IMA: NWRO**

**INSTALLATION: Fort Leonard Wood, MO**

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

**DISCUSSION:** The egregious bill passed on Sept. 8, 1982 titled Uniformed Services Former Spouses' Protection Act (USFSPA) which awards a portion of the service member's retired pay to former spouses must be revised to eliminate the awarding of benefits which accrue after the divorce and any portion of VA disability compensation. Consideration should also be given to eliminating the award entirely should the former spouse remarry.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:**

The Chief of Staff, Army, Retiree Council continues to support amendment of the Uniformed Services Former Spouses' Protection Act (USFSPA) so that all awards of military retired pay to former spouses are based on the service member's rank and time served on the date of divorce.

The Council does not support changing the USFSPA to eliminate a former spouse's eligibility to receive payments due to their remarriage. Based on the complexities of individual situations, the Council believes that these issues should be decided by state courts having jurisdiction over the divorcing parties, rather than the federal law known as the USFSPA.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-26-2004**

**MACOM: TRADOC**

**IMA: NERO**

**INSTALLATION: Carlisle Barracks, PA**

**SUBJECT: Armed Forces Retirement Home Reserve/National Guard Eligibility**

**DISCUSSION:** Enlisted Reserve and National Guard military retirees are not eligible for admittance into the Armed Forces Retirement Homes (AFRH) even though they are eligible for military retired pay and health benefits at the age of 60. The eligibility difference between the Active military and the Reserve/National Guard is the automatic deduction of \$.50 per month that ensures the right of entry of all Active enlisted military retirees into either one of the Retirement Homes.

Recommend the AFRH eligibility criteria is changed to make enlisted Retired Reserves and National Guard members eligible if they agree to pay an enrollment fee of \$120 plus interest to cover the lost automatic deduction from the past 20 years of service, or contribute \$.50 per month as a Gray Area Retiree until 20 years of contributions (minus any Regular/Active Duty time) have been met. To guarantee the continuation and growth of the AFRH, we also propose that all members of the Reserve and National Guard have the same monthly automatic deduction as Active Duty Soldiers. This will also ensure the equality of eligibility of the Retired Reserve & National Guard into the AFRH.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:**

The Chief of Staff, Army, Retiree Council supports this issue. It recommends that the appropriate Army staff agency initiates action to determine the feasibility of the concept, with a goal of ensuring equitable treatment of these deserving Reserve and National Guard retirees.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-27-2004**

**MACOM: USAREUR**

**IMA: Europe**

**INSTALLATION: USAREUR**

**SUBJECT: Direct Deposit of Benefits Payments to Foreign Bank Accounts (Updated)**

**DISCUSSION:** Defense Finance and Accounting Service (DFAS), unlike the Social Security Administration (SSA) and the Department of Veterans Affairs (DVA), has not yet implemented procedures for direct deposit to foreign banks. Retirees and annuitants residing OCONUS who do not have an account with a US bank must receive their annuity from DFAS by check. Additionally, due to international agreements and banking laws in many foreign countries, surviving spouses of US military retirees often lose their privilege to utilize military banks upon the sponsor's death.

Payment by check is costly to both the Government and the recipient. It is also extremely burdensome for OCONUS beneficiaries. For some, the burden is limited to the cost of processing the check and converting the US dollars into foreign currency; this alone can cost up to 15percent of the amount of each check in fees and commissions. For many others, the burdens imposed do not end with the cost of conversion. A large number of surviving spouses face challenges of physical disability and/or of obtaining transportation in order to cash and convert the annuity payments.

The International Direct Deposit (IDD) procedure currently in use by the SSA and DVA provides for the conversion to the foreign currency at commercial rates, avoiding excessive transfer and exchange fees, and the deposit of the foreign currency in the foreign bank without any additional charge to the Government or the recipient.

Contrary to the logic proffered in the letter of 10 July 2003 from the Under Secretary of Defense, Comptroller, to the president of the U.S. Military Retiree Association of Southern Italy, the significant figure is not the number of beneficiaries currently being paid by check but, rather, the number of beneficiaries who, after the completion of the force transformation process overseas, will require payment by check because no other option will be reasonably available. Not only will there be fewer US military banks overseas to which direct deposits can be made, but there will be far fewer US facilities where a check drawn on a US bank can be cashed.

The OSD estimate of \$500,000 for the required system changes is a small, one-time, investment to take care of beneficiaries who have served their country faithfully. The net result will be that the beneficiaries will no longer see their annuity payments reduced because of bureaucracy and the government will save money by the reduction of paper checks.

Recommend that DFAS is urged to establish without delay procedures for a direct deposit to foreign banks for beneficiaries residing in foreign countries.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:**

The Chief of Staff, Army, Retiree Council continues to support this issue. The Defense Finance & Accounting Service (DFAS) is presently consulting with the New York Federal Reserve Bank and the Department of Treasury regarding implementation of this initiative. The Army Retirement Services Office will continue to monitor this issue and report their findings to the Council.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-28-2004**

**MACOM: USARPAC**

**IMA: Pacific**

**INSTALLATION: Schofield Barracks, Hi**

**SUBJECT: Rental Priority to Retirees on Excess DOD Properties**

**DISCUSSION:** As the Army and DOD transform their housing to privatization we need to consider the potential use of new homes that exceeds the needs of the Army, to be available for retirees and reserve component personnel.

For example, in Hawaii the Navy has found itself with excess capacity at Iroquois Point and the privatized owners have placed the excess units on the open rental market. We propose that military retirees be given first priority to rent properties that exceed the local capacity worldwide.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:**

The Chief of Staff, Army, Retiree Council supports integrating retired military personnel who are not performing DOD services into the priority category list as follows:

1. Accompanied military personnel assigned or attached for duty at installation.
2. Accompanied military personnel assigned or attached for duty at other military installations within a 50-mile radius of installation.
3. Unaccompanied family members of military personnel.
4. Unaccompanied military personnel (married and single) assigned or attached for duty at installation.
5. Accompanied retired military personnel and spouses or widowed spouses of retired military personnel.
6. Accompanied DOD and Federal Agency civilians (other than designated Key and Essential personnel.)
- 7. Retired military personnel not performing DOD services.**
8. Non-military personnel, non-DOD personnel and non-federal Agency personnel (general public.)

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-29-2004**

**MACOM: TRADOC**

**IMA: NERO**

**INSTALLATION: Fort Knox, KY**

**SUBJECT: Consolidation of MWR Activities**

**DISCUSSION:** The Marine Corps has proven that the consolidation of the Exchange and Morale Welfare and Recreation (MWR) can save a great deal of money. This has provided an opportunity to reduce prices for the benefit of active and retired military personnel. The ability to become more competitive will not only help preserve our Post Exchange/ Commissary system but by increasing the amount of shopping in these facilities, also help preserve and increase welfare funds. The ability to become more competitive will help reduce prices and can be accomplished at no expense to DOD or the taxpayers.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:**

The Chief of Staff, Army, Retiree Council supports this issue. It recommends that the Army evaluates the MEX and NEX Models for best business practices and its feasibility for implementation.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-30-2004**

**MACOM: MDW**

**IMA: NERO**

**INSTALLATION: Fort Meade, MD**

**SUBJECT: Limitation of Military Clothing Sales Items to Retirees (Resubmission and Action)**

**DISCUSSION:** AR 700-84 dated 28 February 1994, Issue and Sale of Military Clothing, Chapter 3, paragraph 3-3(h) states that sales to retired members of the Armed Forces are limited to class A service uniforms (including accessories), footwear and undergarments. Paragraph 3-3(b) states that a family member acting as the agent for a military member on active duty for more than 30 days may purchase items from the Military Clothing Sales Store (MCSS). The purchase, however, must be for use by the military member. A retired Sergeant Major tried to purchase a new Army gray short sleeve physical training T-shirt but was denied. He was informed that retirees could not purchase such items. It is very disconcerting that any Army family member of an active duty member, even a teenager, can buy the same shirt. Obviously, this is an injustice to military retirees who have faithfully served their country. The Army Chief of Staff and other leaders have repeatedly said that Army retirees are some of the best recruiters. The Fort Meade Retiree Council agrees with this statement. While the Army spends a vast amount on advertising, the wearing of a \$7.00 T-shirt by a retiree is a bargain as a recruiting tool. The "Army of One" has several combat multipliers in its retiree force. It is recommended that AR 700-84 be changed to allow military retirees to purchase the same items in the Military Clothing Sales Store as active duty personnel and their family members with the exception of CTA-50 items.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:**

The Chief of Staff, Army, Retiree Council supports this issue. It recommends military retirees be authorized to purchase all items sold in MCSS.



**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-31-2004**

**MACOM: AMC**

**IMA: NERO**

**INSTALLATION: Fort Monmouth, NJ**

**SUBJECT: Wheelchairs Made Available In Terminals of Military Airports**

**DISCUSSION:** Wheelchairs should be available to assist the handicapped and for emergency purposes at military passenger terminals. Since 9/11, the walking distance in and out of military airports is greater than before. One can no longer drop off passengers and baggage at the door of the terminal. During recent Space-A travel, one retiree passed through at least six military terminals, and not one had a wheelchair. Civilian airports have many wheelchairs available. Retired persons are provided wheelchairs in our military commissaries and exchanges and they should also be provided wheelchairs at military passenger terminals. We feel this is a serious problem to address and to correct. Wheelchairs cost less than \$500.

**CHIEF OF STAFF, ARMY RETIREE COUNCIL COMMENTS:**

The Chief of Staff, Army, Retiree Council supports this issue. Air Mobility Command (AMC) oversees some, but not all, of the many military terminals used by retirees for space-A travel. Currently, all AMC terminals are wheelchair-accessible to accommodate passengers. However, not all terminals have wheelchairs available to those who need them. AMC agrees that this service should be available to assist disabled passengers, and plans to research the feasibility of having all AMC passenger terminals purchase wheelchairs for passenger use. With AMC already providing wheelchairs at some terminals and reviewing ways to make them available at all AMC terminals, it is evident that the right actions are undertaken to ensure realization of this issue as time and resources allow. Army Retirement Services will continue to monitor progress on this issue and report such to the Council.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-32-2004**

**MACOM: TRADOC**

**IMA: SWRO**

**INSTALLATION: Fort Sill, OK**

**SUBJECT: Retirees – Department of the Army Federal Employment**

**DISCUSSION:** As the Department of Defense moves toward replacing service members with civilians in non-combat service support positions, an initiative to employ retired military personnel to fill those positions would be mutually beneficial to DOD and retired military personnel. By placing retired military personnel in those positions, the need for an in-depth initial training program would be reduced, thus generating a fully productive employee in less time. Additionally, retired military personnel would bring a proven level of experience, work ethic, and a commitment to mission accomplishment to the federal workforce.

**CHIEF OF STAFF, ARMY RETIREE COUNCIL COMMENTS:**

The Chief of Staff, Army, Retiree Council recognizes that there are already a variety of programs that give a competitive edge to retirees, veterans, and disabled veterans for federal job opportunities. They include:

- 1) Non-competitive Disabled Veterans Appointments for veterans with a service-connected disability;
- 2) Veterans Recruitment Act authority for veterans who have been awarded a campaign badge or armed forces service medal; and
- 3) Veterans Employment Opportunity Act authority, permitting veterans to compete for civilian in-service vacancies.

**Recently retired veterans, who formerly required advance agency approval of a waiver for appointment within 180 days of retirement, are not required to be pre-approved during the duration of a national emergency. Between 1997 and 2003, the Army's appointments of retired military members to the civilian workforce have increased from 8 percent to over 15 percent. This is due in part to the 1999 rescission of the so-called Dual Compensation Act which reduced the retired pay of Regular Army officers who were employed as federal civil servants; and the 2001 rescission of the 180-day waiting period to begin civilian service.**

In filling civilian position vacancies, the Army must comply with the Public Notice requirements of Title V, which require that position vacancies are open for application to any U.S. citizen, and to other-than-Army veterans.

The Council suggests that a better-directed focus of this issue would be ensuring that all retirees are aware of the competitive advantages they already possess through existing programs. Effective methods of disseminating this information could be through "Army Echoes", installation retiree newsletters, the Army Career and Alumni Program (ACAP), pre-retirement briefings, and installation Retiree Appreciation Days.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-33-2004**

**MACOM: MDW**

**IMA: NERO**

**INSTALLATION: Fort Meade, MD**

**SUBJECT: Requirement to Add SSN to Checks at MWR Activities**

DISCUSSION: AR 215-1, Appendix G, Paragraph G - 5, g (3), requires that patrons add their name, Social Security Number (SSN), and home address to checks prior to cashing them at MWR activities. Active duty military and DOD employees also include their place of employment. The Fort Meade Retiree Council takes issue with patrons having to add their SSN to checks when cashing them at MWR activities. Recently, there has been a rash of reports of serious abuse by unsavory individuals who gained access to the SSN of others. They reproduce fraudulent ID cards which, in turn, has created severe financial hardship for patrons whose SSN have been compromised. Identity theft is a growing problem and is of grave concern to military retirees and their families. Neither AAFES nor the Commissary, nor the Chaplains' Fund requires patrons to add their SSN to checks prior to cashing them.

**CHIEF OF STAFF, ARMY RETIREE COUNCIL COMMENTS:**

The Chief of Staff, Army, Retiree Council supports this issue, and shares the concern over the identity theft problem that's sweeping the nation.

Obtaining personal information on any check for cash, service, or merchandise in MWR activities is based on the requirement to collect debts owed to the NAFI (MWR). In other words, if a check bounces and the person does not honor the check after several attempts made by the MWR staff, then the Social Security Number (SSN) is the required identifier to recover the amount of the check through the Defense Finance Accounting Service or through the Internal Revenue Service.

The Army and Air Force Exchange System (AAFES) procedure is to enter the SSN into their computerized system at the same time as the check is swiped, thus creating an electronically recorded match to the specific check at the moment in time when the transaction is conducted. The SSN is used as a personal identifier to recover dishonored checks.

The Army Community & Family Support Center (CFSC) is currently reviewing requirements in all MWR activities that collect the SSN. While most requirements are valid, protection of the information can be made more secure. The Business Programs Directorate of CFSC advises that a computerized system, such as AAFES uses, is under review as an alternative for MWR activities to use when a customer prefers to pay by personal check. CFSC will also look into the possible use of debit cards to pay for MWR services. Further, a review of all uses of the SSN has been directed by the Assistant Chief of Staff for Installation Management (ACSIM). The Installation Management Agency (IMA) has the lead on this action, and CFSC is assisting by reviewing all instances of SSN usage in MWR programs, including at Child Care Centers and in Youth Activities programs. Upon conclusion of the review, CFSC will likely recommend issuance of an Army message to remind installation staffs of their required safeguarding of such personal information.

The Office of the Assistant Secretary of the Army (Manpower and Reserve Affairs) has formed an Identity Theft task force.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-34-2004**

**MACOM: FORSCOM**

**IMA: SERO**

**INSTALLATION: Fort Stewart, GA**

**SUBJECT: Appropriated Funding of Installation RSOs**

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

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:**

**The Chief of Staff, Army, Retiree Council supports this issue. It recommends RSOs' job descriptions ensure execution of the RSOs' time spent in support of pre- and post-retirement services. It agrees that non-retirement related duties and responsibilities have significantly increased due to the outcome of A-76 studies. AR 600-8-7, Army Retirement Services Program, directs the establishment of an installation RSO position, with funding provided by installations. Installation commanders should consider upgrading and/or adding positions, to include creating/approving an appropriate job description that reflects the additional workload. Installation commanders must ensure that RSOs provide support for their Retiree Councils and host annual Retiree Appreciation Days.**

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-35-2004**

**MACOM: MDW**

**IMA: NERO**

**INSTALLATION: Fort Myer, VA**

**SUBJECT: Awarding Decorations**

**DISCUSSION:** When Congress authorized the Korean Service Medal, veterans who were eligible requested this decoration and received it in the mail. This appears as a very banal way to show appreciation for service rendered. We can do better! Military installations throughout the country celebrate on various occasions with retreat parades or, at a minimum, conduct Retiree Appreciation Days. Veterans and retirees receiving newly authorized decorations should be invited to their nearest military facility, bring their decorations and be honored and recognized appropriately at an event selected by the respective post commander.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:**

The Chief of Staff, Army, Retiree Council supports this issue to the extent that formal presentation is feasible as determined by the respective installation command group.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-36-2004**

**MACOM: TRADOC**

**IMA: NERO**

**INSTALLATION: Fort Knox, KY**

**SUBJECT: Communications Among Retirees of Different Services**

**DISCUSSION:** Communications among Army retirees is generally restricted to that which is contained in "Army Echoes" and MACOM publications. There is virtually no communications between services. For example, an Army retiree who lives close to an Air Force installation receives Army publications but nothing from the Air Force. Recommend an expansion of retiree services to include communications among all the services in the field, which would be of great benefit to retirees. An expansion which would provide Retiree Councils in each state would be a significant step forward.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:**

The Chief of Staff, Army, Retiree Council supports this issue, using electronic means of distribution of sister services' newsletters. Links to sister services' website newsletters' addresses, where their newsletters can be accessed, will begin to be included in each issue of "Army Echoes".

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-37-2004**

**MACOM: FORSCOM**

**IMA: NERO**

**INSTALLATION: Fort Campbell, KY**

**SUBJECT: Use of Contemptuous Words against Designated Governmental Officials—Apply Restrictions to Reserve Component and Enforce or Rescind for All**

**DISCUSSION:** Chapter 4, Paragraph 4-7b of the current US Army Handbook on Retirement Services for Retirees states – “Retired Regular Army commissioned officers who use contemptuous words in speech or print against the President, the Vice President, Congress, the Secretary of Defense, the Secretary of a military department, the Secretary of the Treasury, or the Governor or legislature of any State are subject to trial by courts-martial under the Uniform Code of Military Justice (UCMJ).” The restriction is not new. It was promulgated before the “One Army” concept.

1. To support the “One Army” concept, and considering the present involvement of elements of the Reserve Components in active combat areas, it would seem proper for the restriction concerning use of contemptuous words should also apply to retired officer of the Reserve Components. This would further the basic reason for the provision, which is to maintain support of the ranking person in the chain of command, the Commander-in-Chief. Recommend this restriction be uniformly applied to retired officers of both Active and Reserve components.

2. Currently there is a Retired Regular Army General officer who publicly makes contemptuous remarks concerning the President of the United States. His deleterious remarks concerning the President are regularly reported by the news media and transmitted throughout the world. The effects of his remarks on armed forces personnel, particularly in combat areas, can only be considered prejudicial to good order, morale, and discipline. His statements undoubtedly provide comfort and aid to the enemy. Recommend that the provisions of the statute either be enforced or rescinded.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:**

This issue is not within the purview of this Council.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-38-2004**

**MACOM: TRADOC**

**IMA: NERO**

**INSTALLATION: Fort Knox, KY**

**SUBJECT: Recruiting Assistance by Retirees**

**DISCUSSION:** There is much that retirees can do to assist the needs of the active force if they are supported. While this is a touchy subject and the restrictions are understood, there is no reason why the Army Recruiting Command cannot provide information regarding assistance for recruiting in schools. This information should be made available to the various retiree councils so that retirees can assist in the recruiting effort. Retirees are no longer subject to the political restrictions that apply to those on active duty, and thus are in a position to provide valuable assistance in the real condition existing today in which only 1 percent of our population is in the armed forces.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:**

The Chief of Staff, Army, Retiree Council supports this issue. It encourages military retirees to volunteer after retirement. Installation Commanders and the local communities should establish and coordinate requirements for volunteers and publish the requirements in local media for opportunities to continue to serve.

Retired soldiers are valuable assets in support of recruitment, sustaining the force and volunteering in military, non-military and veterans activities to include private and public schools. Retirees can be a force multiplier while working with local recruiters and reserve units. During deployment, retirees can work with Family Support Groups and provide assistance in the transition of soldiers from the active component to the civilian work force. Well-established Army agencies are available to provide information about opportunities to volunteer, for example, at Army Community Services (ACS), on installation Retiree Councils and in Retirement Services Offices. AR 601-2, Army Promotional Recruiting Support Programs, assigns support responsibilities to commands and staffs at all levels.



**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-39-2004**

**MACOM: FORSCOM**

**IMA: NWRO**

**INSTALLATION: Fort Carson, CO**

**SUBJECT: Award of Cold War Certificates**

**DISCUSSION:** It was reported in August 2003 in the Army News Service and in September 2003 in "Army Echoes" that service members, veterans and federal employees who served between September 2, 1945 and December 26, 1991, are still eligible to receive a Cold War Certificate, and should apply. Award of this certificate was approved in 1998 by the Secretary of Defense. As of Aug/Sep 2003, only one million people had responded out of the 22 million entitled to receive the Certificate. The application for the Certificate is available online at: <https://coldwar.army.mil>. This was a good effort at spreading the word about the availability of the Certificate.

However, speaking only about military retirees, it should not be necessary for those among us to apply for this since we are identifiable as eligible by service information on hand at DFAS-Cleveland Center (i.e., date of service entry and retirement date). Our correspondence address is on file. It seems that a comparison of these data elements could be used to generate a list to provide to each service for their use in automatic mailing of the Certificate. When only one million out of an eligible population of 22 million have followed through on the application process in order to receive this award, something is wrong with this picture.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:**

The Chief of Staff, Army, Retiree Council supports the expeditious award of the Cold War Certificates.