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

Army Retirement Services 19 April 2002

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Chief of Staff, Army, Retiree Council Report

1. The forty-second meeting of the Chief of Staff, Army, (CSA) Retiree Council was held in the Pentagon during the period 15-19 April 2002.

2. The Council members reviewed and discussed 35 issues submitted by 11 installation retiree councils. All issues submitted by installation retiree councils, with CSA Retiree Council comments, are at enclosure 1.

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

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2 Enclosures

DISTRIBUTION:
SPECIAL

CHIEF OF STAFF, ARMY, RETIREE COUNCIL 01-01-2002
MACOM: FORSCOM
INSTALLATION: Fort Stewart, GA
SUBJECT: Medical Care

DISCUSSION: We do not support any legislation which prevents retirees from seeking medical care of their choice. DOD and VA have different access policies, availability, and reimbursement for different types of medical services and treatment. Retirees have a right to the best possible medical care from both sources. If a retiree chooses to drive long distances in order to get the prosthetic devices, he/she should not be required to always drive those distances for all their medical care.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The National Defense Authorization Act (NDAA) for FY 2002 has a provision (Section 731) which prohibits DOD from requiring military retirees to receive their health care solely through DOD Medical Treatment Facilities, i.e., the DOD Health Care System.

In 2001, DOD had to submit a report to Congress. It addressed the topic of open vs. closed enrollment. DOD chose not to solicit or support a system requiring closed enrollment (e.g., no irrevocable forced choice). This is the position of the CSA Retiree Council.

Although many military retirees and veterans have access to health care in both health care systems, we support the principle of having one primary care manager for safe clinical management of our beneficiaries. Military retirees and veterans can still be referred to the other system, even if enrolled in either system.

CHIEF OF STAFF, ARMY, RETIREES COUNCIL ISSUE 01-02-2002
MACOM: MDW
INSTALLATION: Fort Myer, VA
SUBJECT: TRICARE and VA Eligibility

DISCUSSION: There currently appears to be an effort by the administration to force military retirees to choose between TRICARE or VA medical care. If one is chosen, the retiree is to be excluded from eligibility for the other. This is indeed a very unfair choice, if forced upon retirees. Military retiree organizations have compiled valid reasons why the proposal should not come into practice. However, should the worst case happen, and the proposal appears ready for approval, it is urged that the Chief of Staff, Army, make a representation, that TRICARE and TRICARE For Life retirees will at least continue to have access to VA facilities for treatment of any affliction for which they have a valid disability rating (i.e., from 0 to 100 percent rating).

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: Same response as Issue 01-01-2002.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-03-2002
MACOM: FORSCOM
INSTALLATION: Fort Stewart, GA
SUBJECT: TRICARE Non-Covered Tests and Orthopedic Devices

DISCUSSION: Members of this Council have experienced refusal of TRICARE to pay for physician-ordered bone density tests and orthopedic devices. TRICARE has refused to pay for bone density tests for women, unless they have a family history of osteoporosis. Even though osteoporosis research has shown a direct relation to menopause, hormone therapy, diet and exercise. Early detection of osteoporosis allows cost effective treatment. TRICARE refuses to pay for complete orthopedic prosthetic devices. They only pay for leg brace, but no special shoe ($250) required to fit leg brace.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: TRICARE benefits are based upon the law. The authority for the program is contained in Title 32 to the Code of Federal Regulations, part 199 (32 CFR 199). The TRICARE Policy Manual, which explains the benefit set by law, discusses bone density studies in Chapter 4, Section 6.1. Bone density studies are covered for the diagnosis and monitoring of osteoporosis and osteopenia. In addition, patients with either signs or symptoms of bone disease, or high-risk patients are covered. High-risk patients include women who are estrogen-deficient and at clinical risk for osteoporosis; individuals who have vertebral abnormalities; individuals receiving long-term steroid therapy; individuals with hyperparathyroidism; as well as individuals with a positive family history of osteoporosis. Bone density studies for routine screening are specifically excluded from coverage. Likewise, Chapter 7, Section 4.3 addresses orthotics. Orthopedic shoes, which are not an integral part of a brace, are specifically excluded from coverage.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-04-2002
MACOM: FORSCOM
INSTALLATION: Fort Campbell, KY
SUBJECT: Physician TRICARE Status

DISCUSSION: The individual retiree is required to contact physicians and other providers and ask their office staff or the provider if they are authorized by TRICARE, accept assignment or otherwise participate with TRICARE. This forces and awkward situation due to the fact that the retiree is a patient who is in a delicate relationship with the provider anyway. This process forces the retiree to appear to be bargaining for his care. DOD or TRICARE could develop an internet and voice access site which could allow an authorized beneficiary to query for providers within a reasonable distance (i.e. 30 miles) who participate as TRICARE providers. This service could be provided as an option under My TRICARE and thus would validate the individual against the database before providing information. The retiree now having access to the internet could access the information based upon a phone system validation by SSN and DEERS database information. If the retiree does not have access to the Internet, allow him/her to contact TRICARE on existing numbers and enter the necessary look-up information to allow access as noted above. The system would then require the retiree to input their ZIP Code and as a result the system would provide a listing by major clinical classes of service (e.g., Medicine, Primary Care, OB-GYN, Surgery) and the name of the physician/other provider within 30 miles of the input ZIP Code.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: Each TRICARE Region maintains an Internet accessible network provider directory. All such provider directories can be reached through the TRICARE web site, www.tricare.osd.mil. The listed providers are all authorized providers who have signed a contract to provide care to both TRICARE and Medicare beneficiaries. Patients can also call the toll-free number for their region and speak with a healthcare finder who will help them find a network provider. All regions' toll-free numbers can be obtained by calling 1-888-DOD-CARE.

If a TRICARE Standard or TRICARE for Life (TFL) patient wishes, they may also use an authorized provider who has chosen not to become part of the TRICARE network. The provider must, however, provide a copy of their license and some basic information to allow claims to be paid for services they provide. Since authorized providers may choose whether or not to provide services to a TRICARE (or any other insurance carrier) patient, it is not unusual or inappropriate for the beneficiary to ask in advance whether or not the provider would treat a TRICARE patient. Physician office staffs are commonly asked whether the physician accepts a certain insurance coverage.

While a hot-line type roster, accessible by phone and worldwide web, is available and helpful, it will not and cannot be totally accurate. This is not because of a lack of effort on the part of TRICARE personnel. It is due to the fact that individual physicians will change groups and this affects the "insurance" they accept. The only way to be absolutely certain is to do the research and then call the physician.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-05-2002
MACOM: TRADOC
INSTALLATION: Fort Leavenworth, KS
SUBJECT: TRICARE -- Establish National TRICARE Enrollment System

DISCUSSION: The current regional enrollment process causes or creates lapses in coverage, increased paperwork, and is not user-friendly. This causes confusion, frustration, anxiety, and probably higher cost for mobile service members, their dependents, and higher cost for DoD. This impacts active duty soldiers on TDY or leave, dependents who are college students, and mobile retirees who travel as part of second career or for pleasure. Recommendations:

a. Establish single TRICARE Database.
b. Establish liaison between TRICARE Regions.
c. Establish a universal TRICARE Identification Card to include family members.
d. Consider eliminating or reducing enrollment fee for TRICARE Prime.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The National Enrollment Database (NED) for TRICARE Prime enrollees was instituted 16 July 2001. This consolidates TRICARE Prime enrollment information as a subset of data in the central database within the Defense Enrollment Eligibility Reporting System (DEERS).

The TRICARE Management Activity holds monthly meetings with all the Lead Agent regions to discuss issues relevant to the TRICARE program. There is an excellent day-to-day working relationship between all the regional Lead Agent staffs for surfacing and solving cross regional issues.

A universal TRICARE identification card is issued to all TRICARE Prime enrollees, to include family members, at the time of enrollment. This was instituted at the same time as the National Enrollment Database last July.

The elimination or reduction of enrollment fees for TRICARE Prime would require a legislative change. This small fee helps defray administrative costs for the Prime enrollment process.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-06-2002
MACOM: FORSCOM
INSTALLATION: Fort Campbell, KY
SUBJECT: TRICARE Network Development

DISCUSSION: TRICARE has contracted with vendors in the DOD Regions to develop, maintain, and process claims for DOD. The vendor, which serves the Kentucky region, has failed to develop a robust provider network for TRICARE beneficiaries to utilize. The original vendor has been changed according to informed sources. The new vendor needs to be made aware of the previous vendors failure to obtain a robust network of providers for the beneficiary to utilize as they sought medically necessary health care. The original vender was allowed to use its already developed provider network to show services being provided. There is a great deal of reluctance on the part of the individual provider to even update their basic information (a re-certification) due to the bad image, which TRICARE has earned in the eyes of many providers. This re-certification would allow the retiree to file and have accepted a claim for service previously disapproved due to the provider not being authorized at the time of service. The retiree is left with the requirement to convince his/her care provider to either accept the TRICARE Vendors contract for service or at least complete the re-certification package from TRICARE. Failure to achieve these results deprives the retiree from any reimbursement for care provided from a licensed, qualified health care provider. The retiree should not be forced to act as the change agent for TRICARE. He is the patient and this is a difficult relationship to maintain with his/her care provider anyway. If the provider cannot be convinced by the retiree, then the retiree is prevented from any reimbursement for the cost of his/her health care and TRICARE is not obligated to reimburse. DOD should adopt evaluation criteria for Regional TRICARE Vendors that measurably and concretely evaluates their actions to implement Panel Development. The measure of success in development of a viable, robust network should be the number of providers within an area (not the TRICARE Region as a whole) who accept TRICARE. The individual retiree should at least be able to file claims for reimbursement of services. This would require the care provider to at least provide basic practice information to the TRICARE Service Center. There should be at least 25 percent of the primary care providers, within a catchment area, who accept TRICARE Basic if not the other two levels of TRICARE service.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: TRICARE is working hard to improve its image among providers in the Fort Campbell area. While there have been claims processing and reimbursement issues in that area, TRICARE continues to improve under the current TRICARE Managed Care Support Contractor (MCSC), Humana Military Healthcare Services (Humana). TRICARE claims processing issues have been virtually eliminated under new claims processing standards (i.e., 95% of retained claims processed in 30 days; 100%processed in 60 days). Claims assistance is available for providers and beneficiaries through the TRICARE Service Center (TSC) for Region 5, telephone number 1-800-941-4501, which provides access to the claims processor and debt collection assistance officers. We are aware that TRICARE reimbursement issues persist nationally. TRICARE physician fee schedules are based on Medicare reimbursement rates. Congress has addressed the TRICARE reimbursement issue and the Military Health

System (MHS) is working to put in place operational policies to allow higher rates, especially for active duty family members residing in areas where low reimbursements are a barrier to access to care.

Humana began assessments of network adequacy in the Fort Campbell area at its start-up in June 200l. It is important to note that network adequacy is based on the catchment area, not the entire TRICARE Region. Per Humana, the network, as of Jan 02, meets adequacy standards and includes the following providers: 703 specialists, 35 primary care managers, 6 hospitals, 28 mental health providers and 2 mental health facilities. Humana has taken action to exceed network adequacy contract standards in order to enhance provider access for Fort Campbell's beneficiaries. This includes the addition of Vanderbilt Hospital, which adds many specialties to the network; integration of networks in Regions 3 and 4 into Region 5's network, all of which are under Humana's management; and the network addition of OB/GYN physicians from the Premier Medical Group's panel. Humana's efforts continue to get more of the Premier Medical Group's providers to participate in the network. TRICARE MCSCs are held responsible for stringent network adequacy requirements and the TRICARE Management Activity exercises sustained monitoring of these requirements. Among the factors that determine network requirements are an area's population; the number of providers in the area; provider specialties; provider location; etc.

A Humana priority has been the placement of provider and TRICARE representatives in the local Fort Campbell TSC. These dedicated provider relations specialists assist network/non-network providers, encourage them to participate in TRICARE Standard and to join the TRICARE network. The Regional Lead Agent, MTF and Humana partner with local providers to hold scheduled educational seminars for participating/non-participating providers to further promote participation in TRICARE. Another Humana priority is the re-certification of network providers from the previous contractor's network. Considerable progress has been made in converting these providers to Humana's TRICARE network. All provider contracts were assigned to Humana when it assumed contractor responsibilities; terminations have not been an issue. Providers are being re-credentialed/re-assigned to Humana's contract if they participated in the previous contractor's network.

It is important to note that the decision to become TRICARE authorized or to participate in a TRICARE network belongs to the provider. DOD's policy is to alert beneficiaries of the need for beneficiaries to ensure they are using TRICARE authorized providers for each service encounter. DOD has also said beneficiaries can encourage any provider they use to join the TRICARE network, which ultimately is to the beneficiary's advantage and helps to ensure the network remains robust. If the beneficiary selects a provider who is not TRICARE authorized, which is the beneficiary's choice, TRICARE cannot share in the costs for the services.

We believe Humana has been successful in establishing an adequate TRICARE network in the Fort Campbell area and are convinced it will continue to work to improve beneficiary access to primary care and specialty physicians.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-07-2002
MACOM: FORSCOM
INSTALLATION: Fort Hood, TX
SUBJECT: Permission for Military Retirees to Suspend Payment of Federal Civilian Health Insurance Premium

DISCUSSION: Active and retired civil service employees who are also military retirees (or covered dependents of military retirees) and over age 65 years are now eligible for two health care programs--their civil service health insurance program and TRICARE For Life (TFL).

For active civil service employees to remain eligible for their federal civilian health insurance program, they must continue to pay monthly health insurance premiums.

But already retired civil service annuitants who become eligible for TFL are being allowed to “suspend” their retired federal employee health insurance coverage premium while they “test” their satisfaction with the TFL program.

Later, if these annuitants choose, they will be allowed to regain their federal employee health insurance coverage simply by restarting their premium payments, without penalty.

Civil service employees otherwise eligible for TFL should be allowed to “suspend” their civil service health insurance program premiums for a period of one year while they “test” or investigate their level of satisfaction with TFL.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: Concur with proposal. Proposed language would allow civil service retirees over age 65 who are or become eligible for health care coverage other than Federal Employee Health Benefits (FEHB), such as TRICARE for Life (TFL), to temporarily suspend FEHB coverage without payment to "test" the alternative health care coverage. This proposal aligns benefits of civil service retirees with those who are both civil service and military retirees or dependents of military retirees.

Concurrence is based on: (1) the principle of equity in benefits and entitlements; and (2) the fact that the proposal, if implemented, places no additional cost on the FEHB program. It simply removes payments from the program made by individuals who are not actively using the program.

We are unable to address any implications to the TFL program if additional individuals are allowed to move in and out of the program without penalty.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-08-2002
MACOM: TRADOC
INSTALLATION: Fort Lee, VA
SUBJECT: Medical Care - "BROKEN PROMISES"

DISCUSSION: The passage of the TRICARE For Life (TFL) amendment was definitely a giant step forward in restoring the military retiree's promised lifetime medical care. It is very much appreciated. However, much remains to be accomplished before the retiree feels that the US Congress has kept its promise of medical and dental care for life. The retiree and his/her spouse is paying $100+ per month for Medicare Part B coverage that should be furnished at no cost. Still there are a number of health items that are not covered by TFL, such as Dental Care. As previously stated, TFL is a giant step forward, but it is only half way there. Once a soldier is convinced that a promise made is a promise kept, retention would become less a problem.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The CSA Retiree Council supports the waiver of penalties for late enrollment in Medicare Part B, since many retirees had legitimate reasons to refuse Part B upon reaching age 65. Medicare policy dictates that beneficiaries 65 years of age and older must pay for Medicare Part B if they desire that coverage. Waiver of premiums would require the approval of several government agencies outside the Department of Defense, to include Congress. This is also an equity issue, since retired beneficiaries under the age of 65 do not have cost-free health care. Although the TRICARE Dental Program is available to most retirees under and over age 65, there is significant cost associated with participation in this program. Dental care is separate from TRICARE for all categories of military beneficiaries.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-09-2002
MACOM: TRADOC
INSTALLATION: Fort Leavenworth, KS
SUBJECT: Medical Care

DISCUSSION: Military hospitals/clinics are not adequately staffed to provide quality and responsive medical care for the military community, which includes active duty, retirees and family members. The steady erosion of this basic benefit continues to affect recruitment, retention, and overall readiness of our forces. TRICARE and similar programs are grossly inadequate substitutes for a quality military health care system that understands the peculiar needs of the uniformed services members and their families and is structured, funded, and staffed to meet those needs. Recommend military hospitals/clinics be staffed at an appropriate level to provide access to active duty, retirees, and their families (regardless of whether they are enrolled in TRICARE Prime).

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: A new staffing standard for Army hospitals and clinics is under development by the Manpower Division, Headquarters, U.S. Army Medical Command (MEDCOM). Unlike the current standard that uses historical workload to determine staffing requirements, the new standard will staff hospitals and clinics based on the population they are to serve. While this is a giant step in the right direction, the real challenge for the Army will be to afford the human resources needed to staff the hospitals and clinics at this level. The staff of HQ MEDCOM is working diligently to develop business case analyses to support requests for increased funding from the TRICARE Management Activity.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-10-2002
MACOM: MDW
INSTALLATION: Fort Myer, VA
SUBJECT: Staffing for Army Medical Support

DISCUSSION: Current staffing levels for medical support are targeted on active duty force strengths. With the new TRICARE for Life (TFL) entitlement, additional workload is envisioned. Staffing levels should be adjusted to assure that adequate support will be provided, and the program will become a total success.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: Same as response to Issue 01-09-2002.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-11-2002
MACOM: FORSCOM
INSTALLATION: Fort Hood, TX
SUBJECT: TRICARE For Life (TFL) -- Annual Physical Exams

DISCUSSION: The Fort Hood Retiree Council understands that "routine annual exams" were never covered by CHAMPUS or its follow-on TRICARE program. Routine annual exams only appear as an "enhanced benefit" for TRICARE Prime enrollees.

TFL functions solely as a second payer to Medicare. Since Medicare does not cover routine physical exams, TFL beneficiaries are required to pay out-of-pocket for an annual physical, something that is considered as essential part of any program of regular health care.

TFL enrollees may choose to avoid the out-of-pocket cost associated with an annual physical exam and ultimately cause the federal government to incur the greater costs associated with illnesses that could have been caught at an earlier stage.

A mechanism is needed to provide no-cost or very low cost annual physical exams for TFL enrollees.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: Routine periodic physical exams are not a covered benefit under TRICARE Prime, TRICARE Standard, or TRICARE for Life (TFL). There are, however, a variety of clinical preventive services which offer a benefit similar to the routine periodic physical, when taken in conjunction with other covered visits to a primary care provider. The actual preventive care benefit for TRICARE Standard (and TFL) patients is covered in the TRICARE Policy Manual, Chapter 1, Section 10.1.

The National Defense Authorization Act for FY 1996 (P.L. 104-106, Section 701) established immunizations and comprehensive preventive benefits to include health promotion and disease preventive visits provided in conjunction with immunizations, pap smears, and mammograms. The National Defense Authorization Act for FY 1997 (P.L. 104-201, Section 701) further expanded healthcare preventive services for colon and prostate cancer examinations. Risk assessment, examination, lab tests, x-rays, and risk specific counseling allow for the prevention, early detection, and treatment of diseases before they manifest themselves as major health problems. Also allowed are blood pressure screening and cholesterol testing.

Patients should consult with a healthcare finder at the nearest TRICARE Service Center to discuss how to access appointments for age and gender appropriate clinical preventive services (rather than an annual physical exam) or to discuss specific clinical issues to make sure they are accessing their total health benefit.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-12-2002
MACOM: TRADOC
INSTALLATION: Fort Leonard Wood, MO
SUBJECT: Health Care

DISCUSSION: Military retirees were promised Department of Defense-sponsored health care for life for making a career of 20 years or more in the Uniformed Services of the United States. Those promises were made by recruiters, unit commanders, reenlistment officers and NCOs as an incentive to keep well-trained personnel in the service and to lure them away from more lucrative civilian jobs. Military retirees did not hesitate when called upon to protect this Nation's interests and, having served 20 years or more have fulfilled their part of the contract. Pass legislation that would provide adequate health care for those military retirees under the age of 65. This can be accomplished by giving them, at a nominal cost, access to the Federal Employees Health Benefit Program (FEHBP), or by repairing TRICARE so that more physicians across the country will accept TRICARE patients.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: While the Chief of Staff, Army, Retiree Council does not support expanding FEHBP to military beneficiaries, it does support protecting those who volunteered for the demonstration program, which terminates on 31 December 2002. However, the Council supports the position that we must continue to work on improving ease of access to our beneficiaries and continue to build on the tremendous strides made by TRICARE.

The 1998 GAO study, "Offering Federal Employees Health Benefits Program to DOD Beneficiaries," states the least expensive FEHBP HMO (for 1997) is Foundation Health in South Florida, at $279 (single) and $787 (family) per year, the least expensive fee-for-service (FFS) plan is Mail Handler's Standard at $1,030 per year, and the lowest cost point-of-service plan, United HealthCare Puerto Rico is $1,019 per year. The most expensive plan is Blue Cross/Blue Shield at $7,250 (family) of which the family member's share is $3,551. FEHBP premiums have risen approximately 20% since 1998, and are scheduled to raise an average of about 10% next year. In contrast, TRICARE premiums have remained the same since the program began, TFL has made health care far less expensive for Medicare eligible retirees, and all retirees have the benefit of a lower catastrophic cap.

Information papers done by both TRICARE Division (DC) in 2001 and MEDCOM PA&E in 1998 conclude that the MHS costs less than FEHBP under either an HMO or FFS delivery mode. The FEHBP HMO costs $5,841 per family, including the government share of the premium, the HMO median beneficiary share of the premium and additional beneficiary costs. TRICARE Prime costs average from $4,341-$5,352 depending on the beneficiary category of the enrollee. The FEHBP FFS option costs $7,056 per family, whereas TRICARE Standard/Extra costs $4,606-$5,176.

A significant disadvantage of offering FEHBP is relatively high premium costs that disadvantage enlisted retirees, providing a non-standard benefit or lesser benefit. Any

DOD funds which would have to be spent on FEHBP supplements, detract from other wartime readiness budgets and the reduction in MTF health care hurts the readiness of the medical forces, which support our soldiers in combat.

TRICARE MCSCs are held responsible for stringent network adequacy requirements and the TRICARE Management Activity exercises sustained monitoring of these requirements. Among the factors that determine network requirements are an area's population; the number of providers in the area; provider specialties; provider location; etc. Initiatives are underway to exceed network adequacy contract standards in order to enhance provider access for beneficiaries.

Additionally, we are aware that TRICARE reimbursement issues persist nationally. TRICARE physician fee schedules are based on Medicare reimbursement rates. Congress has addressed the TRICARE reimbursement issue and the Military Health System (MHS) is working to put in place operational policies to allow higher rates.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-13-2002
MACOM: FORSCOM
INSTALLATION: Fort Hood, TX
SUBJECT: TRICARE Dental Coverage

DISCUSSION: The Fort Hood Retiree Council understands that today's "TRICARE Dental Plan" is a misnomer. Today's TRICARE Dental is a totally separate, privately operated dental insurance program, having nothing to do with other TRICARE programs.

Plan execution is reported to be exceedingly uneven, with some claims paid while others of the same type, duration or classification go unpaid. Further, delays in processing result in some current TRICARE Dental enrollees being billed for a procedure that was administered many months ago – and when the tardy billing arrives, is received with surprise, confusion, and disenchantment.

TRICARE for Life enrollees request a program be established legitimately under the TRICARE program that provides significant dental care coverage and protection.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The TRICARE Retiree Dental Program (TRDP) contract mandates specific timeliness, coding accuracy and payment accuracy for claims processing, including 90% for claims processed to completion in 14 calendar days. The TRDP administrator, the Federal Services Division of Delta Dental Plan (DDP) of California, consistently exceeds the standards for claims and correspondence processing. The claims processing ranged from 92.9% in November 2001 to 98.9% in February 2002. The contract-established standard for processing correspondence within 10 calendar days is 85%. The correspondence processing timeliness ranged from 90% in November 2001 to 95% in February 2002. Under the terms of the TRDP contract, DDP of California offers access to a system of appeals and grievances to enrolled beneficiaries. This includes a final level of appeal to TRICARE Management Activity. The TRDP is available to retirees of all ages. It would be inequitable for TRICARE for Life to include a dental benefit when other eligible beneficiaries under age 65 do not have a dental benefit under TRICARE (Medical).

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-14-2002
MACOM: TRADOC
INSTALLATION: Fort Leavenworth, KS
SUBJECT: Dental Plan

DISCUSSION: Benefits available from the Army/DOD Dental Plan are not competitive with commercial Dental plans and are inadequate. Out of pocket expenses incurred by family members and retirees for such things as root canals, orthodontics, non-regular extractions, oral surgery, and sedation are a significant financial burden. Recommendations:

a. Make DOD Dental Plan cost-competitive and coverage competitive with other commercial plans through lower premiums and expanded coverage.

b. Increase efforts to get DOD Dental Plan accepted by more providers.

c. Consider staffing dental clinics to accommodate the dental needs of retirees.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council supports increasing the scope of benefits for the TRICARE Retiree Dental Program provided the cost of the premiums and cost-shares do not increase excessively. An expansion of the current network would offer greater choice of providers and is supported by the Army Dental Care System. However, this would be a voluntary action on the part of the administrator since the Federal Services division of Delta Dental Plan of California is not required to have a network of dentists under the terms of the current contract. Staffing Army dental clinics to provide dental treatment for retirees is unlikely. The Army Dental Corps is currently 168 dental officers short of its budgeted end-strength of 1138 dentists. The shortage of dental officers coupled with the mobilization of increased numbers of U.S. Army Reserve and Army National Guard soldiers continues to place demands on the active duty dental treatment facilities.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-15-2002
MACOM: FORSCOM
INSTALLATION: Fort Campbell, KY
SUBJECT: Office of the Surgeon General Frames of Choice Spectacles Program

DISCUSSION: In January 2000, the Army made all active duty soldiers eligible to receive one pair of unisex civilian style nonstandard frame spectacles at no cost. Estimates are that users of the Frames of Choice (FOC) Program will save an average of $100 on the purchase of civilian style spectacles. The FOC Program continues to be restricted to active duty personnel. Military retirees are limited to issue of one pair of standard frame spectacles at no cost. The FOC Program should be expanded to include military retirees at no cost to the Government. Military retiree FOC Program users would be required to pay the Government cost for civilian style unisex spectacles.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Army Frames of Choice (FOC) program is a soldier quality of life initiative directed specifically at active duty soldiers, and FOC has never been provided to any other personnel. FOC is a very expensive program, specifically funded by The Surgeon General. The DOD Optical Fabrication Advisory Board (OFAB) in conjunction with the Optical Fabrication Enterprise (OFE) has been working with all available resources to expand FOC without affecting the Army's primary mission to support the readiness of active duty forces. However, current funding to the DOD Optical Fabrication Enterprise (OFE) does not allow for expansion of the program at this time. Since the FOC program is currently funded and regulated by each Service's Medical Department, any expansion of the FOC program would have DOD-wide funding implications. The OFE is working with the leadership of all Services to find a way to resource the expansion of FOC services. However, with the rising cost of health care, this is difficult.

Regarding retirees paying the government cost for FOC, the administrative and overhead costs of that initiative coupled with associated logistical problems renders that proposal cost prohibitive at this time. The OFE attempted to fund this last fiscal year to no avail. In order to be feasible, this initiative would have to be adequately funded by Congress.

Another initiative that may benefit military retirees is a change in the standard issue military frame. The current military frame is rugged to meet the demands of the operational military environment, but is not cosmetically appealing. The OFAB is working to select a replacement for the standard issue plastic frame with one that is both operationally functional and more fashionable.

CO-CHAIRMEN COMMENTS TO THE SURGEON GENERAL AND G-4, U.S. ARMY: Request cost/feasibility analysis on "how to" make this benefit (FOC) available to retirees at least cost to the individual retiree and least cost to the U.S. Army.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-16-2002
MACOM: TRADOC
INSTALLATION: Fort Leavenworth, KS
SUBJECT: Vision Care Coverage for Family Members and Retirees

DISCUSSION: Family members and retirees currently incur significant out of pocket expenses for eye glasses, contact lenses, and multiple exams. Retirees and family members should have a vision care program that addresses these basic requirements and provides access to emerging diagnostic and corrective technologies, such as laser surgery. Recommendation is to provide a Vision care plan that provides:

a. Coverage for a base cost for Lenses and Frames and includes base coverage for contact exam and contact lenses.
b. Multiple exams for early childhood and teen years.
c. Annual exams for Retirees.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: This issue would require a legislative change, Chapter 55, U.S. Code, Title 10, to reflect corrective eyeglasses or contacts.

a. TRICARE Clinical Preventive Services covers a biennial comprehensive eye examination for TRICARE Prime enrollees aged 3-64.

b. Multiple eye examinations are provided when there is a medical need for on-going or follow-up care.

c. Retired service members can receive standard military glasses at no cost.

d. Contact lens services are provided to certain Army aviators to satisfy operational requirements.
Medically indicated contact lenses are covered for all categories of beneficiaries.

e. Estimated material costs of recommended benefit, for glasses and contact lenses alone, is $90-$120 million dollars per year plus administrative expenses and costs associated with required additional clinic visits.

f. The Army is currently implementing the Warfighter Refractive Eye Surgery Program (WRESP) at seven installations. Where implemented, active duty soldiers will be able to request refractive eye surgery, and priority of care will be established.

The expanded TRICARE Preventive Services Eye Care Benefit has recently been implemented. Further expansion of the TRICARE Vision Plan Benefit as recommended is not feasible due to excessive costs. Elective contact lens fitting and refractive surgery are cosmetic procedures not typically covered by insurance plans. Refractive Laser Surgery, especially, is a complex medical procedure with associated risks. The recommended increase in services is unattainable at this time.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-17-2002
MACOM: FORSCOM
INSTALLATION: Fort Stewart, GA
SUBJECT: VA Medical Care

DISCUSSION: At our Retiree Activity Days, retirees have vehemently reported difficult if not impossible means of getting timely appointments at their VA facilities, particularly the specialty clinics. The VA phone systems are frequently inadequate, it is difficult if not impossible to get through the answering system, phone calls are not returned. Patients are not allowed to email their providers, even though many issues could be handled quickly in that fashion. Patients are not notified of specific dates of appointments until shortly before the appointment even though the VA scheduled the appointment months in advance.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The shortcomings in the execution of the current VA medical care system should be an item of discussion by OSD (Health Affairs) in their joint working group with the VA.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-18-2002
MACOM: FORSCOM
INSTALLATION: Fort Polk, LA
SUBJECT: VGLI for Veterans' Dependents

DISCUSSION: Current law gives a service member 120 days following separation to convert their Service Members Group Life Insurance (SGLI) to Veterans Group Life Insurance (VGLI). A recent law, effective 1 Nov 01, allows the spouse and children of a service member to get SGLI. If the service member converts to VGLI, his/her dependents should also be able to convert under similar terms. The cost of life insurance increases with age and the dependents should not have to start over again at a higher rate with some other company or do without.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The CSA Retiree Council supports this issue, and both the House and the Senate have addressed the disparity.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-19-2002
MACOM: FORSCOM
INSTALLATION: Fort Stewart, GA
SUBJECT: Concurrent Receipt

DISCUSSION: Current legislation (S.170) would authorize disabled retirees to receive full retired pay concurrent with their disability compensation. The companion bill, H.R. 303 also authorizes full retired pay concurrent with disability compensation but requires additional legislation to provide funding. Congress, by its actions, has clearly recognized the inequity in not providing full retired pay. Over the past two years Congress has passed and funded up to $300 for the most severely disabled retirees (i.e., those with 60% or higher disability ratings). H.R. 303 was co-sponsored by 84% of the members while S.170 was co-sponsored by 74% of the members. It is now time to put up the money and end this unfair practice.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The CSA Retiree Council continues to support concurrent receipt of military retired pay and VA disability compensation.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-20-2002
MACOM: TRADOC
INSTALLATION: Fort Leonard Wood, MO
SUBJECT: Concurrent Receipt of Military Retired Pay and Department of Veterans Affairs Disability Compensation

DISCUSSION: Military retirees who have disabilities that were sustained while on active duty are awarded disability compensation by the Department of Veterans Affairs (VA). DOD withholds from the members retired pay an amount that is dollar for dollar the amount of disability compensation. Military retirees are the only class of people in the United States who have this offset. The Senate passed full concurrent receipt as an amendment to the National Defense Authorization Act 2002 by a vote of 100-0. 374 House members and 74 members of the Senate have co-sponsored concurrent receipt bills in their respective chambers. Pass legislation that the Senate version of the concurrent receipt bills is included in the National Defense Authorization Act 2002 or that the concurrent receipt bills are moved to the floor for a vote of the full House and Senate.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The response has been combined with the response for Issue 02-19-2002.

Enclosure to USAREUR Submission for CSA Retiree Council consideration ("Concurrent Receipt of Military Retired Pay and Veterans' Disability Compensation")

Extract from:

S.1438

National Defense Authorization Act for Fiscal Year 2002

SEC. 641. CONTINGENT AUTHORITY FOR CONCURRENT RECEIPT OF MILITARY RETIRED PAY AND VETERANS' DISABILITY COMPENSATION.

(a) RESTORATION OF RETIRED PAY BENEFITS- Chapter 71 of title 10, United States Code, is amended by adding at the end the following new section:

`Sec. 1414. Members eligible for retired pay who have service-connected disabilities: payment of retired pay and veterans' disability compensation; contingent authority

`(a) PAYMENT OF BOTH RETIRED PAY AND COMPENSATION- Subject to subsection (b), a member or former member of the uniformed services who is entitled to retired pay (other than as specified in subsection (c)) and who is also entitled to veterans' disability compensation is entitled to be paid both without regard to sections 5304 and 5305 of title 38, subject to the enactment of qualifying offsetting legislation as specified in subsection (f).

`(b) SPECIAL RULE FOR CHAPTER 61 CAREER RETIREES- …

`(c) EXCEPTION- ….

`(d) DEFINITIONS- In this section:

> *`(1) The term `retired pay' includes retainer pay, emergency officers' retirement pay, and naval pension.*
>
> *`(2) The term `veterans' disability compensation' has the meaning given the term `compensation' in section 101(12) of title 38.*

`(e) EFFECTIVE DATE- If qualifying offsetting legislation (as defined in subsection (f)) is enacted, the provisions of subsection (a) shall take effect on--

> *`(1) the first day of the first month beginning after the date of the enactment of such qualifying offsetting legislation; or*
>
> *`(2) the first day of the fiscal year that begins in the calendar year in which such legislation is enacted, if that date is later than the date specified in paragraph (1).*

`(f) EFFECTIVENESS CONTINGENT ON ENACTMENT OF OFFSETTING LEGISLATION- (1) The provisions of subsection (a) shall be effective only if--

> *`(A) the President, in the budget for any fiscal year, proposes the enactment of legislation that, if enacted, would be qualifying offsetting legislation; and*
>
> *`(B) after that budget is submitted to Congress, there is enacted qualifying offsetting legislation.*

`(2) For purposes of this subsection:

> *`(A) The term `qualifying offsetting legislation' means legislation (other than an appropriations Act) that includes provisions that--*
>
> > *`(i) offset fully the increased outlays to be made by reason of the provisions of subsection (a) for each of the first 10 fiscal years beginning after the date of the enactment of such legislation;*
> >
> > *`(ii) expressly state that they are enacted for the purpose of the offset described in clause (i); and*
> >
> > *`(iii) are included in full on the PayGo scorecard.*
>
> *`(B) The term `PayGo scorecard' means the estimates that are made by the Director of the Congressional Budget Office and the Director of the Office of Management and Budget under section 252(d) of the Balanced Budget and Emergency Deficit Control Act of 1985 (2 U.S.C. 902(d)) with respect to the ten fiscal years following the date of the enactment of the legislation that is qualifying offsetting legislation for purposes of this section.'.*

(b) CONFORMING TERMINATION OF SPECIAL COMPENSATION PROGRAM- …

(c) CLERICAL AMENDMENT- The table of sections at the beginning of such chapter is amended by adding at the end the following new item:

> *`1414. Members eligible for retired pay who have service-connected disabilities: payment of retired pay and veterans' disability compensation; contingent authority.'.*

(d) PROHIBITION OF RETROACTIVE BENEFITS- If the provisions of subsection (a) of section 1414 of title 10, United States Code, becomes effective in accordance with subsection (f) of that section, no benefit may be paid to any person by reason of those provisions for any period before the effective date specified in subsection (e) of that section.

Subtitle E--Other Matters

SEC. 651. FUNERAL HONORS DUTY ALLOWANCE FOR RETIRED MEMBERS.

(a) ALLOWANCE AUTHORIZED- Subsection (a) of section 435 of title 37, United States Code, is amended--

> *(1) by inserting `(1)' before `The Secretary'; and*
>
> *(2) by adding at the end the following new paragraph:*

`(2) The Secretary concerned may also authorize payment of an allowance under this section to a retired member of the armed forces who performs at least two hours of duty preparing for or performing honors at the funeral of a veteran.'.

(b) RELATION TO OTHER COMPENSATION- Such section is further amended by adding at the end the following new subsection:

`(c) CONCURRENT PAYMENT- Notwithstanding any other provision of law, the allowance paid to a retired member of the armed forces under this section shall be in addition to any other compensation to which the retired member may be entitled under this title or titles 10 or 38.'.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-21-2002
MACOM: USAREUR
INSTALLATION: USAREUR
SUBJECT: Concurrent Receipt of Military Retired Pay and Veterans' Disability Compensation

DISCUSSION: Military retirees who have disabilities that were sustained while on active duty are awarded disability compensation by the Department of Veterans Affairs. The Department of Defense withholds from the members retired pay an amount that is dollar for dollar the amount of disability compensation. Military retirees are the only class of people in the United States who have this offset. The Senate passed full concurrent receipt as an amendment to the National Defense Authorization Act 2002 by a vote of 100-0. 374 House members and 74 members of the Senate have co-sponsored concurrent receipt bills in their respective chambers. Pass legislation that the Senate version of the concurrent receipt bills is included in the National Defense Authorization Act 2002 or that the concurrent receipt bills are moved to the floor for a vote of the full House and Senate.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The response has been combined with the response for Issue 02-19-2002.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-22-2002
MACOM: FORSCOM
INSTALLATION: Fort Polk, LA
SUBJECT: Thrift Savings Plan for Retirees

DISCUSSION: On October 9, 2001, a special open season began for service members to sign up for the new military Thrift Savings Plan (TSP). TSP allows members to place up to 7 percent of base pay plus certain bonuses and special pays into one or more government-operated financial funds, including three stock index funds, a bond index fund and a money market fund. The 2002 limit is $11,000, rising to $15,000 in $1,000 annual increments until 2006. Contributions are exempt from income tax, and the accounts grow tax-free. The special open season runs through January 31, and will be followed by two open enrollment seasons each year. Service personnel should be allowed to continue in the plan after their retirement rather than withdraw or roll over to an IRA.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The CSA Retiree Council supports the retention of the Thrift Savings Plan (TSP) without a forced rollover. Currently, the TSP only offers three options upon retirement from military service. They are:

1) Members may leave their contributions in the TSP and they continue to accrue earnings. Although after retirement, they may not contribute, they may continue to shift their contributions among the various TSP investments funds.

2) Members may enter the federal civil service and begin to contribute to a federal civilian TSP account. If the employee wishes, they may transfer the balance of their military TSP to their civilian TSP.

3) Members may transfer their TSP into an IRA. If they begin civilian employment and their employer has an eligible employee benefit plan, they may be able to transfer the balance of their TSP account into that plan.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-23-2002
MACOM: FORSCOM
INSTALLATION: Fort Stewart, GA
SUBJECT: Survivor Benefit Plan (SBP)

DISCUSSION: The principal SBP issue is the maintenance at 55% of basic income to be received by the surviving spouse without the current reduction to 35% at age 62. H.R. 1232 repeals the two-tier annuity system of SBP so that there is no reduction when the beneficiary reaches age 62.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: This issue and those similar to it have been submitted to the CSA Retiree Council for comments and resolution for several years now. Our response remains consistent. The Council supports the maximum benefits allowed by law and legislative language. If the retiree desires to ensure that the spouse would continue to receive the full 55% of retired pay after age 62, the option to elect Supplemental SBP was available at the time SBP was selected if retired after 1992, or if retired prior to 1992 an “open season” to enroll in Supplemental SBP was available from 1992 to 1993.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-24-2002
MACOM: TRADOC
INSTALLATION: Fort Leonard Wood, MO
SUBJECT: Survivor Benefit Plan

DISCUSSION: Military retirement pay ceases when the retiree dies. The Survivor Benefit Plan (SBP) was established by Congress so that the retiring service member could leave a portion of their retirement pay to the surviving spouse. The SBP benefit is automatically reduced from 55% to 35% of the base amount when the survivor reaches age 62, even though the survivor may not be drawing Social Security benefits on the deceased members' account. Pass legislation that will eliminate the age 62 SBP benefit reduction. We further support legislation that will provide paid-up SBP after payment of premiums for 30 years and/or the retiree reaches the age of 70, and that it be made effective upon reaching that milestone and not delayed until the year 2008.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: See the response for Issue 2-23-2002. Further, the Council supports moving ahead the effective date of the SBP "paid-up" provision to 1 Oct 2003.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-25-2002
MACOM: FORSCOM
INSTALLATION: Fort Polk, LA
SUBJECT: Widows/Widowers Rights

DISCUSSION: A spouse of a deceased retiree has a continuation of benefits if married for 20 years to a service person while on active duty. Upon remarriage, these rights cease. If the later marriage ends, some of the rights are restored, but medical care is not. A federal law effective 1 Oct 1998 allows the VA to resume DIC payments and related benefits to former recipients who lost their benefits when they remarried when that marriage ceases. Our Army Family Action planners thought that a widow/widower's rights should remain for the lifetime as though a remarriage did not occur.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The CSA Retiree Council does not support the position that a widow/widower should retain all benefits for a lifetime as though remarriage did not occur. Surviving spouse benefits are not connected to length of service; they are derived from the marital status that exists on the date of the retiree's death.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-26-2002
MACOM: TRADOC
INSTALLATION: Fort Leonard Wood, MO
SUBJECT: Uniformed Services Former Spouses' Protection Act

DISCUSSION: According to Public Law 97-252 enacted on September 8, 1982, known as the Uniformed Services Former Spouses' Protection Act (USFSPA), a portion of a retired service member's retirement check may be awarded to former spouses of the retiree. The former spouse may be awarded the money regardless of need, earning potential, and whether or not the former spouse remarries. And it makes no difference who was at fault in the divorce. It is agreed that former spouses are entitled to an equitable settlement for the time spent in a military marriage. However, the amount of the settlement should be based on the number of years the spouse was married to the service member while on active duty and should not involve money from benefits that accrued after the divorce, and under no circumstances should it include disability payments received from Department of Veterans Affairs. Pass legislation that will revise Public Law 97-252 making dissolution of assets in a divorce involving military retirees more equitable.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council supports that Congress should amend the USFSPA to base all awards of military retired pay on the member's rank and time served at the time of divorce.

The CSA Retiree Council further supports the current treatment of VA disability compensation. Congress has, on several occasions, chosen to give VA disability compensation a higher priority than payments to former spouses. It has treated it as compensation owed to the member for injuries/wounds incurred in the service of the United States. As such, the Congress has always exempted it from the claims of creditors.

SPECIAL NOTE: The Department of Defense recently submitted a report to Congress on the USFSPA. The entire report can be reviewed online at: http://dticaw.dtic.mil/prhome/spouserev.htm.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-27-2002
MACOM: FORSCOM
INSTALLATION: Fort Polk, LA
SUBJECT: Past Approvals - ECHOES

DISCUSSION: Note to Chief of Staff Retiree Council: Thank you for the consideration that the Council gave to the Fort Polk Retiree Council submissions. The updated educational material and the "Army Echoes" quarterly were approved by your Council. However, due to September 11, 2001, the mission has not been accomplished, but is still needed.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The CSA and SMA recognize the importance of "Army Echoes" to the retired community, as well as the need to continue to update educational material important to all Army Retirees. Maintaining funding for this quarterly bulletin is critical. The RSO will continue to explore other opportunities for disseminating information to retirees.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-28-2002
MACOM: USAREUR
INSTALLATION: USAREUR
SUBJECT: Status Report of Chief of Staff, Army, Retiree Council Issues

DISCUSSION: Annually, the Chief of Staff, Army, Retiree Council reviews and makes recommendations on issues submitted by Army installations worldwide. In addition to its report to the Chief of Staff, Army, the Council reports on the action it has taken - usually characterized as support, non-support or returned without action – in a report to MACOM Commanders, the Army Staff, and other interested officials.

Installations are instructed not to submit issues the Council has addressed in previous years.

Through at least October 1998, the Status Report of Chief of Staff, Army, Retiree Council issues provided an update on the actions taken on "supported" issues. In recent years, status of previous issues has not been made available to installations to permit them to follow the progress on those earlier supported issues.

The CSA Retiree Council has supported several unrealized issues that continue to be of interest to this command (USAREUR), but there is no record of subsequent activity. These issues include:

- Issue 01-01-01: Grandfathering of the Medicare Part B Premium Increase for Overseas Retirees
- Issue 02-37-01: Visa Waiver Permanent Program
- Issue 02-40-01: Retiree Use of APO/FPO
- Issue 01-04-00: Dental Insurance for OCONUS Retirees
- Issue 03-52-00: Direct Deposit of Annuitant Checks to Foreign Bank Accounts

The status of issues pending Congressional actions is available in public media. However, the status of the others, of no less import, is not available. The result is that even though initially supported by CSA Council, there is no documented record of any ensuing action on those issues, and they appear lost to CSA Retiree Council and Installation view.

Revitalization of this report is critical to installation tracking of progress on those issues.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The HQDA RSO will institute a tracking and feedback mechanism for issues presented, dating from 1998.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-29-2002
MACOM: TRADOC
INSTALLATION: Fort Lee, VA
SUBJECT: Payment for Transportation of Remains of Eligible Retirees

DISCUSSION: This was submitted last year as Issue 01-23-01. The Chief of Staff Retiree Council comments were: "The Council will again refer that issue to the Army Staff for resolution. The Council will also propose that the Army Staff explore the feasibility of designating the Primary Care Manager at the Military Treatment Facility (MTF), or the Primary Care Manager who is treating the retiree under TRICARE Prime to be designated as the "referring agent."

Please give an update on the status of this issue.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: This issue is location dependent, and involves, under certain circumstances, both DOD and the Department of Veterans Affairs (VA). If a retiree dies while undergoing DOD-provided continuous care, DOD provides transportation to the designated burial location. If it is not a case of continuous care, the cost is borne by the next-of-kin.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-30-2002
MACOM: MDW
INSTALLATION: Fort Myer, VA
SUBJECT: Timely Intervention by Chief of Staff, Army, Retiree Council

DISCUSSION: The current lead-time of items to be considered by the CSA Retiree Council between submission and action taken can often be over a year's time. With the fast changing situation involving major projects such as the recent pharmacy benefit and the TRICARE For Life Program, there can be unforeseen obstacles that require prompt intervention but which the currently constituted CSA Retiree council is unable to perform. If the criteria for selection to the CSA Retiree Council were to encompass the requirement of an e-mail communication ability for each member of the council, single items of major importance requiring prompt intervention could be considered for discussion and action without the need to convene the council in Washington, DC. This would make the council more relevant within this fast moving current environment.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Council supports the recommendation that all members of the CSA Retiree Council have access to the Internet, as well as e-mail capability. All members of the 2002 Council have both; and as a result, they were able to begin work on developing their recommendations to issues as early as two months before convening as a group. This freed up valuable time during meeting week for presentations from senior Army and DOD leaders, and more in-depth group discussions, as needed. With the creation of an Issues Tracking System planned for the near future, electronic capability will become an even greater benefit to the Council and the G-1 Retirement Services Office. In addition, the Council Co-Chairmen have access to the senior Army leadership in the event an issue of great significance arises that impacts the retired community and requires immediate action.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-31-2002
MACOM: MDW
INSTALLATION: Fort Myer, VA
SUBJECT: Retiree and Dependent DNA Sample Archive

DISCUSSION: Getting and maintaining DNA samples are considered medical services for active duty personnel. Request this be made available to military retirees and their dependents on a phase-in basis. Need for such an archive was further demonstrated by the 11 September terrorist attacks. Restrictions on use and availability to other organizations, prerequisite release procedures, and necessary release approvals should be established formally. It is recommended that it be a policy that samples be retained for a period (to be determined) following the death of the subject. Samples for possible future DNA comparison collected and retained by the Army for active duty members should be retained after their retirement and placed on their retiree ID cards.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: At this time DOD has not determined a need for retiree or military family member DNA records. While this could change, the CSA Retiree Council is aware of the cost to DOD of DNA testing.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-32-2002
MACOM: MDW
INSTALLATION: Fort Meade, MD
SUBJECT: Limitation of Military Clothing Sales Items to Retirees

DISCUSSION: AR 700-84, chapter. 3, paragraph 3-3(h), Issue and Sale of Military Clothing, 28 Feb 1994, 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 Army Military Clothing Sales Store. 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 Chief of Staff, Army, and other leaders have repeatedly said that Army retirees are some of the best recruiters. The Fort George G. 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: Clothing Sales Stores, operated by the Army and Air Force Exchange Service, sell uniform items as approved by the respective Service Chiefs. The Chief of Staff, U.S. Air Force, has authorized Uniform Sales Stores to sell to Retirees any items they carry in the store. The Chief of Staff, U.S. Army, via G-4, U.S. Army Regulation, has limited the sale of uniform items to Class A only. Retirees have been volunteering to assist the Active Army, in supporting funeral details, participating in functions on military installations, and promoting the Army indirectly as recruiters. Funeral detail uniforms can be Class A, Class B, or BDU, depending on the requests of the family of the deceased. Recommend the Army adopt a policy and allow Retirees to purchase any item sold by the AAFES Uniform Clothing Sales Stores.

CO-CHAIRMEN COMMENTS TO THE G-4, U.S. ARMY: Request review and update of the AR governing sale of uniform items to ensure it has the latitude for retirees to purchase uniform items used in support of military activities.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-33-2002
MACOM: USAREUR
INSTALLATION: USAREUR
SUBJECT: Annual Deputy Chief of Staff, G-1 Letter in Support of Retirement Services Program

DISCUSSION: Annually, the Deputy Chief of Staff, G-1 has sent a letter to MACOM commanders urging their support for Army retirees and the Army Retirement Services Program.

This letter has proved to be a very effective vehicle to emphasize and convey to all levels of command the support of the Army for retiree, retiree issues and retirement services.

Continuation of this letter reflecting Headquarters, Department of the Army, support will be of increasing importance in the future as retiree services compete with shrinking resources for other personnel-related issues.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The CSA Retiree Council supports the current initiative where the Deputy Chief of Staff, G-1 sends a letter to MACOM commanders urging their support for Army retirees and the Army Retirement Services Program. Further, the Council encourages all installation retiree councils to discuss retiree issues with the Installation Commander and Command Sergeant Major as appropriate, and to participate in all local retiree events, e.g. Retiree Appreciation Days. Retirees can be an asset to all installations, both in terms of re-enlistment and retention, as well as reducing borrowed military manpower.

CO-CHAIRMEN COMMENTS: Request G-1, U.S. Army, continue to send MACOM Commanders letters of support for Retirees and Retirement Services Programs.

CHIEF OF STAFF, ARMY, RETIREE ISSUE 03-34-2002
MACOM: USARPAC
INSTALLATION: Schofield Barracks, HI
SUBJECT: Retiree Crest on Berets

DISCUSSION: The Army of Transformation will be wearing berets. Retirees are authorized to wear a beret on those occasions when wearing a uniform is appropriate. It is recommended that a unique pin or flash be designed for retirees, perhaps similar to the official retiree shoulder patch (still serving).

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The CSA Retiree Council supports the action that was approved by the Army Uniform Board. On 30 November 2000, Gen Eric K. Shinseki, Army Chief of Staff, ended discussion on whether soldiers would wear distinctive unit flashes on their black berets. All soldiers will wear a universal flash, except for those in units that already have berets, such as Ranger, Airborne and Special Forces. These troops will continue to wear the beret flashes they have been authorized to wear by the Institute of Heraldry. The new flash, worn on the left front of the beret, is a semi-circular shield 1-7/8 inches wide and 2-1/4 inches high. It has a bluebird background with 13 white stars superimposed just inside its outer border. The flash is designed to closely replicate the colors (flag) of the Commander-in-Chief of the Continental Army at the time of its victory at Yorktown.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-35-2002
MACOM: USARPAC
INSTALLATION: Schofield Barracks, HI
SUBJECT: Burial at Arlington National Cemetery

DISCUSSION: It is recommended that the Secretary of Defense be the final level to approve waivers for burial in Arlington and that a more liberal policy be established that will allow any reservist or National Guard member an opportunity to be buried in Arlington.

A few years ago, the Clinton administration approved internment for someone who did not appropriately meet the requirements for burial in Arlington Cemetery, but when it was discovered his body was dug up and moved. As a result, the cemetery administration has enforced stricter rules. The entire DoD is involved in change and now relies more and more on members of the reserve and National Guard to perform our mission. Making one of them wait until age 60 is an injustice. Their service should entitle them to an ID card with full benefits upon retirement and not use the antiquated rule that makes them wait until the age of 60 before receiving full benefits.

The following case is a travesty and needs to be brought to the attention of the Army Chief of Staff for his review in considering the proposal of this issue:

Burial By The Book
Flight 77 Pilot Denied Own Grave at Arlington
(Washington Post, December 5, 2001, Pg. 1)
Capt. Charles Frank Burlingame III likely died fighting to keep terrorists from wresting control of American Airlines Flight 77 before its plunge into the Pentagon. But Burlingame, Flight 77's pilot, who landed F-4 Phantom jet fighters on aircraft carriers for eight years while in the Navy and served in the Naval Reserve for 17 years, is not eligible for interment in the nation's most sacred military burial ground. Because retired reservists must turn 60 before admission to Arlington National Cemetery, Burlingame does not meet the strict criteria for burial—no matter how he died.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Army is Executive Agent for Arlington National Cemetery on behalf of the SECDEF. Current policy allows for case-by-case consideration for interment.

Army Retirement Services 19 April 2002

MEMORANDUM FOR CHIEF OF STAFF, ARMY

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

1. The forty-second meeting of the Chief of Staff, Army, Retiree Council was held at the Pentagon, 15-19 April 2002.

2. The Council extends its profound and continuing gratitude to the U.S. Congress and the leadership of the Department of Defense and the Department of the Army for the enactment and the expeditious implementation of the TRICARE for Life and the TRICARE Senior Pharmacy programs. Both of these programs have improved immeasurably the military health care available to retirees and to their families and survivors. The significance of these two major steps in restoring the promise of lifetime health care has not been lost on current and future members of our Army.

3. While the Council and the entire retiree community are thankful for the substantial progress made, concerns in two primary areas remain.

a. Health care continues to be the single greatest issue for military beneficiaries, affecting the well-being of the 700,000 Army retirees. While the health care programs recently authorized by Congress provide the Army with the capability to meet many of the expectations of beneficiaries, refinements are still essential and remaining gaps must be filled.

b. Communications with and education of participants are essential in ensuring the successful implementation and maintenance of viable programs. As our Army is transforming and reorganizing, the Council is pleased to see that the Army of One, with its Well-Being Program, is investing in those who served in order to demonstrate that it will continue to take care of its own, even after retirement. These actions, that will influence their careers, send a clear message to current and future soldiers.

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

a. Further the concept of equity between military retirees and other federal retirees by supporting the concurrent receipt of military retired pay and Department of Veterans Affairs disability compensation.

b. Support on-going efforts to enhance cooperation between the Department of Defense and the Department of Veterans Affairs health care systems that preserve or improve the health care benefits for all beneficiary groups including military retirees, without forcing them to make an irrevocable choice between the two systems.

c. Remain vigilant to actions that would reduce access to and levels of service at military commissaries. Commissaries represent one of the most valued military benefits for all service beneficiaries, including active, reserve and retired members, and their families and survivors.

5. One of the hallmarks of the Army taking care of its own is a Retirement Services Program, imbedded in the Active Army chain of command and consisting of full-time employees. Through their dedication and commitment, these professionals provide essential services to soldiers and family members from pre-retirement planning through transition to interment. This concept has proved invaluable to the legacy force and will be even more critical to the objective force. Retirement Services Officer positions at all levels should be exempted from outsourcing and protected from being de-emphasized during the centralization of installation management.

6. 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 family.

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

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

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

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

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

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

SITUATION:

1. Health care for military beneficiaries continues to be the single greatest issue affecting the well-being of the 700,000 Army retirees. Of the 35 issues submitted by major Army installations worldwide, 17 addressed the accessibility, quality, and affordability of the Military Health Service System (MHSS).

2. TRICARE for Life, the TRICARE Senior Pharmacy Program and the other health care benefits authorized by the two most recent National Defense Authorization Acts now provide the basis for fulfilling many of the expectations of military health care beneficiaries.

3. While health care programs recently authorized by Congress provide the Army with the capability to live up to many of the expectations of military health care beneficiaries, refinements are still essential and remaining gaps need to be filled.

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

COUNCIL COMMENTS:

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

Improvement 1: TRICARE Provider Reimbursement Levels. Raise the TRICARE reimbursement levels, as necessary, to attract and retain a network of physicians needed to provide accessible health care services to all military beneficiaries. Consideration should be given to an enhanced provider reimbursement incentive in geographic areas where the need has been validated.

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

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

Improvement 4: TRICARE Communications Initiative. Continue to expand and focus a coordinated, targeted information campaign to assist retirees in navigating health care complexities so they can make informed health care decisions for themselves and their families. In addition, enhanced communications will provide retirees with the information to speak out authoritatively on retiree health care matters. Efforts to date have been helpful but continue to fall short of the target.

The implementation of TRICARE for Life and other military health care benefits provided by the NDAA01 and NDAA02 makes effective communications even more essential.

Objective 2: Expansion of Retiree Dental Insurance Program to OCONUS.
TRICARE for Life restores the promise of lifetime medical care for most retirees throughout the world and their families and survivors. However, the combination of access to space-available dental care and the retiree dental insurance program restores the promise for dental care, 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 the available capacity is consumed taking care of active-duty soldiers. Moreover, the cost of health insurance in many of those locations is prohibitive. Military retirees residing elsewhere, on the other hand, have enjoyed for years the security of the non-subsidized and recently enhanced TRICARE Retiree Dental Insurance program.

Improvement: Expand the Retiree Dental Insurance Program to permit beneficiaries residing outside of CONUS to receive dental care in the country of residence.

Objective 3: Waiver of Penalties for Late Enrollment in Medicare Part B:
Individuals who do not enroll in Medicare Part B (Medical Insurance for Outpatient Care) when they first become eligible must pay a penalty for late enrollment. The penalty could be as much as 100% of the monthly fee.

Many retirees decided not to enroll in Medicare Part B when they were first eligible for several different reasons. Some were convinced that they would be able to receive all of their health care from the local military medical treatment facility for the rest of their lives. Base closure and reduced medical force structure have reduced the availability of

that space-available health care. Retirees residing in foreign countries decided not to enroll because Medicare is not available overseas.

Improvement: Support efforts to waive penalties for late enrollment.

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

The implementation of TRICARE for Life has obviated the need to pursue the FEHBP eligibility for military retirees and the demonstration program will soon terminate.

Those volunteers should be allowed either to continue in the FEHBP program or to be reintegrated into the TRICARE system without disadvantage as a result of the participation in the demonstration program.

Improvement: Allow these volunteers either to continue in the FEHBP program or to be integrated into the TRICARE system without disadvantage as a result of their participation in the demonstration program.

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

SITUATION:

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

COUNCIL COMMENTS:

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

Improvement: Reinstatement of "Army Echoes" Funding. Reinstate funding for four issues per year. This publication is the only communications link that reaches all retirees, their families, and survivors, disseminating current information on the retirement services program. Retirees view "Army Echoes" as absolutely essential to their ability to stay informed.

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 RSO's ability 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 such as Survivor Benefit Program(SBP), early retirement, "high three" computation, etc.

Improvement: Continue to support with sufficient resources the educational efforts necessary to address programs such as TRICARE for Life, separation incentives, SBP, and bonuses. 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 be part of the professional training programs for commanders and senior non-commissioned officers. The Chief of Staff, Army, should reinforce this training Army-wide and encourage the incorporation of information packets and allocation of time by local commanders for RSO staffs to address units on these important matters.

GUEST SPEAKERS

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

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

LTG Kevin P. Byrnes, USA, The Director, United States Army

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

MGEN (Dr.) Leonard M. Randolph, Jr., USAF, Deputy Executive Director and Program Executive Officer, TRICARE Management Activity, Office of the Assistant Secretary of Defense (Health Affairs)

MG Joe G. Taylor, USA, Chief, Legislative Liaison, Office of the Secretary of the Army

BG Velma L. Richardson, USA, Deputy Commander, Army and Air Force Exchange Service

BG (Dr.) Joseph G. Webb, Jr, USA, Assistant Surgeon General for Force Development and Sustainment, Office of the Surgeon General, United States Army

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

COL W. Mike Heath, Colonel, USA, Pharmacy Consultant/ Pharmacy Program Manager, Office of the Surgeon General, United States Army

COL Lee Lange, II, USMC (Retired), Deputy Director of Government Relations, The Retired Officer Association, representing The Military Coalition

LTC Harold W. Campbell, USA, Chief, Disposition Branch, Casualty and Memorial Affairs Operations Center, Office of the Adjutant General, United States Army

LTC Walter Pollard, USA (Retired), Assistant Director of Government Affairs, Association of the United States Army

GUEST SPEAKERS

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

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

Mr. Douglas K. Davis, Veterans Benefits Specialist, Armed Forces Services Corporation

RANK/NAME	INSTALLATION	MACOM
LTG John A. Dubia Co-Chairman	At Large	
SMA Robert E. Hall Co-Chairman	At Large	
COL Jerome B. Culbertson	Fort Shafter	USARPAC
COL Thomas M. Driskill, Jr.	Fort Shafter	MEDCOM
COL Mayo A. Hadden III	Fort Benning	TRADOC
COL Robert A. Mentell	USAREUR	USAREUR
COL Felix Peterson, Jr.	Fort Sill	TRADOC
CW4 Donald E. Hess	Fort Belvoir	MDW
CSM Larry H. Smith	Fort Leavenworth	TRADOC
CSM Lourdes E. Alvarado-Ramos	Fort Lewis	FORSCOM
CSM James W. Hardin	Fort Sam Houston	MEDCOM
CSM John E. Lee	Fort Lewis	FORSCOM
SGM Ray A. Quinn	Fort Stewart	FORSCOM
MSG Dorothy R. Hayner	Fort Hood	FORSCOM