



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

DAPE-MPS-RSO

24 April 2015

MEMORANDUM FOR CHIEF OF STAFF, ARMY

SUBJECT: Annual Report of the Chief of Staff, Army Retired Soldier Council

1. The fifty-fifth meeting of the Chief of Staff, Army Retired Soldier Council (CSARSC) was held at the Pentagon, 20-24 April 2015. The Council is established in accordance with Army Regulation 600-8-7, *Retirement Services Program*, and administered under a charter approved by the Secretary of the Army. The Council represents slightly over one million Retired Soldiers and Surviving Spouses.
2. The Retired Soldier Community is expressing concerns through their local Retiree Councils and through the CSA Retired Soldier Council. The most significant issues focus on the loss of their *deferred compensation* (earned benefits), which decreases their purchasing power and their desire to remain a viable part of their Army. These concerns are concentrated in the areas of a potential increase in cost for health care, easy access to the full range of health care services, and with the Army's ability to communicate effectively with the Retired Soldiers and their Families thereby maintaining their connectivity to the Army. Their concern is that the "Army not break trust with the Retired Soldier community." CSARSC members recognize the significant resource challenges facing our Army due to declining budgets and the resulting impact on personnel and programs. As part of the Army team, the retired community stands ready to support and disseminate your message. We will continue to do our part in telling the Army story.
3. The Council reviewed 30 issues nominated by Installation and Army Service Component Command Retiree Councils. Ten involved health care issues, eight related to benefits or entitlements, and 12 concerned enterprise level communications, Retired Soldier, or other areas. Each issue was reviewed by the Council and is discussed in detail in the Installation Report that is attached as Enclosure 4 to this report. The next three paragraphs summarize the key concerns of the Retired Soldier Community.
4. Health Care: There continue to be various initiatives that, if enacted, would significantly contribute to the breaking of trust between the Army and the Retired Soldier. The Retired Soldier places greater value on their earned medical benefits than any other; however, it is these benefits that are most often the target for budget cuts. The Council recognizes that budget imperatives require review of all options; however, even small increases in TRICARE fees have a significant impact on the Retired Soldier...especially the retired Staff Sergeants, Sergeants First Class, and Master Sergeants. The Council greatly appreciates the CSA's support in retaining the current health care benefits. The Council also requests that the Defense Health Agency encourage continued initiatives by The Surgeon General to increase retiree access to military treatment facilities.

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5. Benefits and Entitlements: While acknowledging the current national fiscal challenges, the Council strongly believes retaining or providing key benefits and entitlements to Retired Soldiers is essential to long term Army readiness and the ultimate success of the Soldier For Life (SFL) initiative. These benefits and entitlements are considered by our constituency to be a lifelong contract. Taking a “today” approach, due to fiscal challenges, that results in a withholding or eroding of key benefits and entitlements, such as Commissary, Dependency and Indemnity Compensation- Survivor Benefit Plan offset, or concurrent receipt rather than considering the past sacrifices of health, family priorities and, in many cases, life itself, breaks faith with and runs the risk of alienating several generations of Soldiers and their Families. It also risks severely impacting the future readiness of our Army through failure of this critical group to support future Army recruiting and retention efforts and other initiatives.

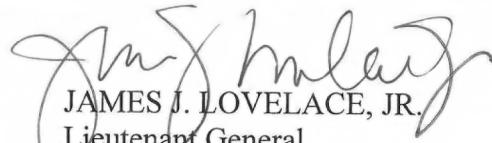
6. Retirement Services and Enterprise Level Communication: We are now challenged to maintain our connectivity to the retired population. Our Army’s Retired Soldiers still express their concern with the elimination of their access to Army Knowledge Online. This frustration is not a resistance to change but a desire to remain informed and engaged with America’s Army...their Army. Our Retired Soldiers want to know how to communicate with our leadership and what you want us to do to support your goals. As Soldiers for Life, our leaders need to “re-enlist” Retired Soldiers to tell our wonderful Army story as trusted agents within our communities to positively impact our recruiting and readiness...making a difference for the Army, our serving Soldiers, Retired Soldiers and their Families.

7. The Council extends its gratitude to GEN Raymond Odierno, Chief of Staff of the Army, and other distinguished leaders for their strong support of the Retired Soldier Council. We also extend our thanks and appreciation for the outstanding support and assistance provided by Mr. John Radke, Department of Army Soldier for Life Retirement Services Office, and his staff during the Council meeting and to the entire group of distinguished guest speakers listed at Enclosure 1 for the invaluable information and insight they provided.

8. The Council appreciates the CSA’s personal support to preserve our key benefits and entitlements.



KENNETH O. PRESTON
Sergeant Major of the Army
U.S. Army, Retired
Co-Chairman



JAMES J. LOVELACE, JR.
Lieutenant General
U.S. Army, Retired
Co-Chairman

Enclosures

1. Guest Speakers
2. Council Members
3. Ongoing Initiatives
4. CSA Retired Soldier Council Installation Report

GUEST SPEAKERS

General Raymond T. Odierno, Chief of Staff, United States Army

Lieutenant General James C. McConville, Deputy Chief of Staff, G-1, United States Army

Lieutenant General David Halverson, Commanding General, Installation Management Command/Assistant Chief of Staff for Installation Management, United States Army

Major General Glenn J. Lesniak, Deputy Chief, Army Reserve, Office of the Chief, Army Reserve

Major General Walter E. Piatt, Director of Operations, Readiness and Mobilization, Army G3/5/7, United States Army

Major General Richard Thomas, Director Healthcare Operations & Chief Medical Officer, Defense Health Agency

Major General David E. Wilmot, Deputy Surgeon General (NG)

Brigadier General Malcolm B. Frost, Chief of Public Affairs, United States Army

Brigadier General Timothy Wojtecki, Director, J8/PA&E National Guard Bureau

Lieutenant Colonel Robert Hensley, Soldier For Life Program

Chief Warrant Officer 5 David Williams, Army Staff Senior Warrant Officer

Command Sergeant Major Brunk Conley, Command Sergeant Major of the Army National Guard

Sergeant Major Billie Jo Boersma, Soldier For Life Program

Sergeant Major Joe B. Parsons Jr. Executive Officer to the Sergeant Major of the Army

Mr. Joseph H. Jeu, Director and CEO of the Defense Commissary Agency

Mr. Roy Wallace, Assistant Deputy Chief of Staff, G-1, United States Army

Mr. Jeffrey Presley, Director, Retired & Annuitant Pay, DFAS

Mr. John W. Radke, Chief, Army Retirement Services, Office of the Deputy Chief of Staff, G-1, United States Army

Mr. Bill Martin, Relations Manager, Federal Long Term Care Insurance Program

**2015 CHIEF OF STAFF, ARMY RETIRED SOLDIER COUNCIL ROSTER
CURRENT MEMBERS**

<u>NAME</u>	<u>IMCOM REGION</u>	<u>INSTALLATION</u>
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Co-Chairmen:

LTG James J. Lovelace	At-Large	At-Large
SMA Kenneth O. Preston	At-Large	At-Large

Members:

COL Michael R. Molosso	Atlantic	Fort Jackson
COL Gerald E. Thompson	Atlantic	Fort Stewart
COL Michael H. Zang	Atlantic	Carlisle Barracks
LTC David V. Fulton	Europe	HQ, USAREUR
MAJ James R. Cunningham	Central	JB San Antonio
CW5 Robert L. Huffman	Atlantic	Fort Campbell
CSM Joel Jenkins	Pacific	Schofield Barracks
CSM Tommy Williams	Atlantic	Fort Stewart
CSM Albert McFarland	Korea	HQ, Eighth US Army
CSM Saundra Matlock-Williams	Atlantic	Ft. Meade
CSM William Grant	Atlantic	Ft. Benning
SFC Susan J. Woods	Central	JB Lewis-McChord

ONGOING INITIATIVES

1. Continue to support the ongoing efforts between the Department of Defense and the Department of Veterans Affairs to improve the compatibility of the two health care systems to preserve and improve the benefits for all beneficiary groups.
2. Support efforts to provide full concurrent receipt of military retired pay and disability compensation to all eligible military retirees regardless of disability rating or years of service.
3. Support the DFAS initiative to forgive any overpayment of retired pay for any period after the date of death of a Retiree through the last day of the month in which death occurs.
4. Support a test program under which Retired Soldiers who are supported by APOs in Germany be allowed to send and receive parcels weighing up to five pounds, for the purpose of quantifying impacts. The three Service Retiree Councils have repeatedly supported a test program and senior leaders in Europe (USAREUR and USEUCOM) and Korea (USFK) have requested the amendment of Military Postal System (MPS) rules to authorize mail privileges for Box R (military retirees) for parcels up to five pounds. However, OSD has disapproved those requests citing assumed increases in cost and workload. This issue remains the top quality of life issue, after health care, for military retirees residing in Europe and the Pacific.
5. Support the recommendation for issuance of permanent IDs for spouses and surviving spouses IAW the June 2012 Joint Uniformed Services Personnel Advisory Committee recommendation to OSD allowing Retired Soldiers' spouses and surviving spouses to obtain permanent ID cards at age sixty-five if they purchase Medicare Part B. This was addressed in our 2013 Memorandum to the CSA. Although we considered the comments submitted in 2014 by HRC, we non-concur and remain firm in our 2013 position which said: "Acknowledge spouses' long-term commitment to the Army by issuing them an indefinite ID card at age 65." We request HRC provides any metrics or other data that justifies maintaining the age for a permanent ID card at 75. Otherwise, recommend action immediately be taken to reduce the age to 65 in recognition of the long-term commitment of our spouses and to send the clear message that like their Soldiers their association with the Army is for life.
6. Support USAREUR and 8th Army in collaborating and developing a consolidated position and recommendation for increasing mail for overseas retirees and widows. The CSARC will reconsider this issue once a consolidated position is provided to DARSO.



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24 April 2015

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Chief of Staff, Army Retired Soldier Council Report

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2. The Council members reviewed and discussed 30 issues submitted by ten Installation and Army Service Component Command Retiree Councils. Ten involved health care issues, eight related to benefits or entitlements, and 12 concerned enterprise level communications, Retired Soldier, or other areas. Each issue was reviewed by the Council and is discussed in detail, to include the CSARSC comments, in the Installation Report that is attached as Enclosure 1.

KENNETH O. PRESTON
Sergeant Major of the Army
U.S. Army, Retired
Co-Chairman

JAMES J. LOVELACE, JR.
Lieutenant General
U.S. Army, Retired
Co-Chairman

Enclosures

1. Installation Report

DISTRIBUTION:
SPECIAL

Encl 4

ISSUE: 01-01-2015

INSTALLATION/GARRISON/ASCC COUNCIL: Fort Stewart, GA Retiree Council

SUBJECT: The government should establish a subsidy for the TRICARE Retiree Dental Plan (TRDP).

DISCUSSION: Congress authorized establishment of TRDP for 2 million retired beneficiaries in the FY 1997 National Defense Authorization Act (NDAA) (Public Law 104-201). Enrollee premiums vary, depending on where the beneficiary lives. Enrollment in the TRDP, which is voluntary, is open to retired uniformed services members and their family members; certain surviving family member of deceased retired and active duty sponsors, and to Medal of Honor recipients and their immediate family members/survivors. TRDP's annual deductible is \$50 per person per year (\$150 annual maximum deductible for a family), with an annual maximum coverage of \$1,300 per person. The deductible and maximum do not apply to diagnostic and preventive services covered at 100% or to dental accident procedures or to orthodontia. Orthodontic services have a separate \$1,750 lifetime maximum and dental accident coverage has a separate \$1,200 annual maximum benefit. There is no deductible for dental accident or orthodontia coverage. TDP covers family members of active duty military, and the government subsidizes 60% of the premium. Annual TDP premium increases are capped and cannot exceed \$20 per month. With the development of new technologies and a high rate of dental inflation, any improvements to the benefit costs are increasing dramatically. Without a law change, we may soon be in a situation where benefits will have to be cut in order to maintain premiums. Unlike the dental plan for active duty family members, the retiree dental plan has no federal subsidy. The program is fully funded by retiree premiums, so retirees pay significantly higher premiums than active duty beneficiaries. Dental expenses are often a significant source of out of pocket expenses for retirees, many of whom pay higher premiums for dental coverage than they do for TRICARE supplemental health insurance.

Recommendation: The Government should increase TRDP subsidy to 72%, which would allow benefit increases such as a much-needed increase in the orthodontia lifetime cap. Additionally, recommend that the Government provide some level of subsidy for the retiree dental plan premium so that out of pocket costs for dental care for retirees can be decreased.

APPROVED BY INSTALLATION/GARRISON/ASCC RETIREE COUNCIL

CHAIRPERSONS:

COL (Ret) Gerald E. Thompson, Co-Chairperson, Ft. Stewart, GA Retiree Council
CSM (Ret) Tommy A. Williams, Co-Chairperson, Ft. Stewart, GA Retiree Council

CSA RETIRED SOLDIER COUNCIL COMMENTS: The Council supports the recommendation that the Defense Health Agency pursue a subsidy for the TRICARE Retiree Dental Plan to equalize the premiums so that the impact on the retired community is stable regardless of geographic area. It is not within the Council's purview to address changes to the active duty dental program.

ISSUE: 01-02-2015

INSTALLATION/GARRISON/ASCC COUNCIL: Fort Stewart, GA Retiree Council

SUBJECT: Many military retirees are reporting that DOD is considering recommending that Congress cancel TRICARE Prime as a cost saving measure.

Discussion: TRICARE Prime is a health maintenance organization (HMO) style plan available to both military retirees and others. Under TRICARE Prime, beneficiaries must choose a primary care physician and obtain referrals and authorization for specialty care. In return for these restrictions, retired beneficiaries have responsibility for only small co-payments for each visit. There is an annual enrollment fee for TRICARE Prime for military retirees and their family members. TRICARE Prime was created for use in conjunction with treatment at military treatment facilities. However, many retirees cannot use the military treatment facilities (MTF) because of distance or capacity of the MTF.

RECOMMENDATION: Do not cancel TRICARE Prime. TRICARE Prime, as compared to the other TRICARE plans that are offered to those military retirees under the age of 65, has the lowest out of pocket expenses.

APPROVED BY INSTALLATION/GARRISON/ASCC RETIREE COUNCIL

CHAIRPERSONS:

COL (Ret) Gerald E. Thompson, Co-Chairperson, Ft. Stewart, GA Retiree Council

CSM (Ret) Tommy A. Williams, Co-Chairperson, Ft. Stewart, GA Retiree Council

CSA RETIRED SOLDIER COUNCIL COMMENTS: The Council recommends continuing TRICARE Prime as an option for Retired Soldiers and their beneficiaries. The council understands that although the initial out of pocket expense may be less under TRICARE Standard, our beneficiaries should be allowed options in order to make the right choice for their personal circumstances.

ISSUE: 01-03-2015

INSTALLATION/GARRISON/ASCC COUNCIL: Fort Stewart, GA Retiree Council

SUBJECT: Medicare reimbursement rates must be increased annually with healthcare costs to ensure that TRICARE for Life (TFL) and TRICARE beneficiaries have a viable benefit.

DISCUSSION: Medical benefits should not be subject to arbitrary caps. Declining participation of providers due to low reimbursements is the most serious healthcare problem facing Medicare eligible and military beneficiaries of all ages. With the implementation of TRICARE for Life (TFL) in 2001, TRICARE became a second payer to Medicare for military retirees. Although TFL has worked well, real and threatened cuts in the level of Medicare reimbursements have caused many providers to stop accepting new Medicare and TRICARE patients. Because TRICARE payment rates are tied to Medicare's rates, any such reductions adversely impact TFL beneficiaries and all military beneficiaries under the age of 65.

RECOMMENDATION: The Department of the Army should support initiatives urging Congress to ensure that Medicare payments are increased annually with healthcare costs to ensure that TRICARE for Life (TFL) and TRICARE beneficiaries have a viable benefit.

APPROVED BY INSTALLATION/GARRISON/ASCC RETIREE COUNCIL

CHAIRPERSONS:

COL (Ret) Gerald E. Thompson, Co-Chairperson, Ft. Stewart, GA Retiree Council

CSM (Ret) Tommy A. Williams, Co-Chairperson, Ft. Stewart, GA Retiree Council

CSA RETIRED SOLDIER COUNCIL COMMENTS: This issue was resolved by the legislation signed by the President on 16 April 2015 that repealed the flawed formula that would have resulted in a large payment cut for physicians, physical therapists, and other health care professionals from taking effect.

ISSUE: 01-04-2015

INSTALLATION/GARRISON/ASCC COUNCIL: Fort Stewart, GA Retiree Council

SUBJECT: TRICARE Prime Beneficiaries Access to Care

DISCUSSION: Access to quality health care by TRICARE Prime beneficiaries is compromised by the lack of participating primary and secondary care providers in a number of locations around the nation. In addition to the lack of participating providers, access is further limited by a cumbersome appointment and referral system. The reduction of Prime Service Areas (PSAs) has further exacerbated the access problem. The reduction of PSAs and the geographical limits placed on the remaining PSAs have resulted in TRICARE Prime beneficiaries seeking treatment at the closest military treatment facility (MTF). In many instances, the closest MTF is hundreds of miles from the beneficiary's residence. As a result of contingency operations and deployments, many MTFs lack providers to address the increase in patient load created by more TRICARE Prime beneficiaries forced fed back to the MTFs. Consequently, MTFs are advising retirees that appointments are not available nor are the MTFs offering to schedule appointments with civilian network providers.

RECOMMENDATIONS: Attract more practitioners to TRICARE Prime by streamlining the credentialing process to ensure timeliness and efficiency. Statutory reform of the Medicare/TRICARE payment levels that reflect actual cost of treatment is necessary to encourage greater willingness by providers to accept TRICARE patients. Failure to address the issue of reimbursement will result in more providers dropping Medicare and TRICARE patients. Apply Medicare-based standards and codes to reduce TRICARE unique administrative burdens on current and potential TRICARE providers.

Renegotiate contracts to allow TRICARE Prime to utilize TRICARE providers when they live more than 30 miles from the nearest MTF. Denials should not occur based on residence or point of need of treatment if more than 30 miles from nearest MTF. TRICARE Prime will not be a gateway to accessible, timely and effective health care until the Military Healthcare System and the TRICARE contractors reduce or eliminate unrealistic pre-authorization requirements.

APPROVED BY INSTALLATION/GARRISON/ASCC RETIREE COUNCIL CHAIRPERSONS:

COL (Ret) Gerald E. Thompson, Co-Chairperson, Ft. Stewart, GA Retiree Council

CSM (Ret) Tommy A. Williams, Co-Chairperson, Ft. Stewart, GA Retiree Council

CSA RETIRED SOLDIER COUNCIL COMMENTS: The Council recognizes that in remote areas, medical facilities and doctors are in great demand in both military and civilian medical clinics/facilities and resources are scarce. However, military retirees enrolled in TRICARE Prime expect access to the level of care for which they are currently paying a premium. The Council supports the recommendation that medical referrals be an immediate option when appointments in MTFs are not available. That the reductions made impacting Prime Service Areas (PSA) be revisited to ensure that there is adequate health care available to all military retirees. The council concurs that every effort be made to attract medical personnel to join the PSAs in remote locations. Procedures should be reviewed in the credentialing process to streamline time for additional support. These actions will result in reducing the amount of driving mileage and time involved in seeking health care. To require more out of pocket expenses on a fixed income is a burden to the military retiree at a time when cost of living adjustments are not keeping up with the inflation rate. The Council is pleased to learn that in the past year, the TRICARE network has added 26,897 credentialed providers, 285 hospitals, 809 Behavioral Health providers, and 1,135 pharmacies to the network. The Council still supports continued efforts to increase access to care within the MTFs for those beneficiaries desiring to seek care within the MHS. Renegotiation of TRICARE contracts is addressed in another issue recommending expansion of the 40-mile limit for TRICARE Prime.

ISSUE: 01-05-2015

INSTALLATION/GARRISON/ASCC Council: Fort Campbell, Kentucky

SUBJECT: Increase of TRICARE catastrophic cap (backdoor fee increase)

DISCUSSION: All versions of TRICARE (other than TRICARE for Life) currently have an annual catastrophic cap of \$3000 during any fiscal year. The catastrophic cap allows for inclusion of participation fees, cost shares, co-pays for services and medications, among others. When the cap of \$3000 is met, beneficiaries pay no other fees for any health care or pharmacy benefits for the remainder of the fiscal year. This cap, which can be compared to maximum out-of-pocket costs of civilian health insurance, now plays a significant role in the total cost of healthcare for those enrolled in TRICARE Standard because of the October 1, 2013 TRICARE change whereas all retirees enrolled in TRICARE Prime who resided outside of a TRICARE Prime service area (roughly 40 miles or more from an installation or BRAC site) lost their Prime coverage and were forced into TRICARE Standard.

Retirees enrolled in TRICARE Prime pay an annual enrollment fee plus low cost share or co-payments. These Retirees are unlikely to meet the catastrophic cap during the year. Retirees enrolled in TRICARE Standard pay an annual deductible of \$150 (single) or \$300 (family) plus 25% of the cost of any visit to a private provider located off the installation. The possibility of retirees enrolled in Standard meeting or exceeding the cap are likely. This cap ensures that annual health care costs for retirees in this situation do not exceed \$3000 per FY.

The Military Compensation and Retirement Modernization Commission (MCRMC), tasked with finding ways to modernize retirements, plans to use the US Department of Defense Fiscal Year 2015 Budget Request plan to increase the catastrophic cap. Furthermore, this increase would also eliminate the use of the participation fee that currently counts toward the cap. This recommendation is to increase the cap from \$3000 to \$5000 per fiscal year, an increase of 67% plus participation costs.

RECOMMENDATION: The Fort Campbell Retiree Council recommends that there be no increases in the catastrophic cap. If there must be an increase, it should be limited to the annual cost of living allowance increase for retired pay.

APPROVED BY INSTALLATION/GARRISON/ASCC RETIREE COUNCIL CHAIRPERSONS:
COL (Ret.) Jeffrey Blackwood, Chairman, Fort Campbell Retiree Council
MSG Robert McBee (Ret.), Co-Chairman, Fort Campbell Retiree Council

CSA RETIRED SOLDIER COUNCIL COMMENTS: The Council recognizes that health care costs continue to escalate and that the Department of Defense is under pressure to shift the burden to the military consumer. Since the majority of active duty Soldiers, and their dependents, live in close proximity to a military treatment facility, it is the Retired Soldier, his/her dependents, and annuitants who will suffer the greatest hardship from any increases. The Council strongly opposes the PB 16 proposal to increase the catastrophic cap from \$3,000 to \$5,000 –*a 67% increase!* The Council strongly opposes any additional fees for eligible retirees.

ISSUE: 01-06-2015

INSTALLATION/GARRISON/ASCC Council: Joint Base Lewis McChord, WA

SUBJECT: Allow retirees to be seen at Satellite Medical Clinics who are within the designated driving distance of the Satellite Medical Clinics. This would increase the number of retirees seen by the Military Treatment Facilities (MTF) doctors.

DISCUSSION: Retirees outside the designated driving distance of a MTF are not allowed to be seen at the MTF. The Satellite Medical Clinics are established normally at the end of these designated driving distances. These Satellite Medical Clinics are already staffed with military doctors, nurses, and staff and may not be operating at full patient capacity. Allowing retirees to be seen would insure the Satellite Medical Clinics full capacity and extend the designated driving distance without increasing the cost of staffing.

RECOMMENDATION: Strongly urge a change to the policy, which would allow retirees access to the Satellite Medical Clinics.

APPROVED BY INSTALLATION RETIREE COUNCIL CHAIRPERSON:

Eugene L. Daniel, Major General, U.S. Army Retired, Fort Lewis Retiree Council Co-Chairman

CSA RETIRED SOLDIER COUNCIL COMMENTS: The Community Based Medical Homes (satellite clinics) allows retiree access when they are not at maximum capacity. The Council recommends evaluating expansion of these facilities and MTFs to increase the maximum capacity to ensure access is available for retirees.

ISSUE: 01-07-2015

INSTALLATION/GARRISON/ASCC Council: Fort Drum, NY

SUBJECT: TRICARE Cost Increases

DISCUSSION: Various budget proposals envision increasing healthcare fees for retired military families. Retirees oppose this as an unfair change after the promise of current benefits induced generations of service members to pursue arduous careers in uniform. Career military people prepay a very steep premium for their healthcare in retirement through decades of service and sacrifice unparalleled in the civilian work sector. For a career in service, uniformed service members were promised health benefits. Proposals include an annual enrollment fee for TRICARE for Life (TFL) which is to increase annually. Enrollment fees, copays, and deductibles would double or triple over the next several years and pharmacy copayments would increase as well. In addition to the normal Medicare Part B premium, retirees would be asked to pay TFL premiums. Associated cost increases will affect those that can least afford it. An elderly retiree is no longer part of the work force and has no reasonable means to offset these increases. COLA increases, if any, are helpful and are used to finance the increases that they were designed for: food, clothing, fuel, housing, etc. not the unexpected cost of a staggering increase in health insurance. The annual COLA was designed to allow retirees and their families to maintain purchasing power.

RECOMMENDATION: Retirees understand that the DOD budget must play a role in helping to solve the nation's budget crisis and that military personnel will play a role in that sacrifice. But they believe the proposed increases are not the best way to go forward. We must remind all parties concerned that military health care is NOT an entitlement but an earned benefit.

The military retirement and health insurance package is the primary offset for the extraordinary demands and sacrifices inherent in a multi-decade military career. The decades of service and sacrifice constitute a very large, pre-paid premium for retirees' health insurance in retirement, over and above what they pay in cash.

Retirees, especially those unable to work or find other means to offset the many increases in their unforeseen healthcare expenses, would be affected the most. We oppose any change in TRICARE fees.

APPROVED BY INSTALLATION RETIREE COUNCIL CHAIRPERSONS:

COL (Ret) William Murphy, Co-Chairman, Ft. Drum, NY Retiree Council

CSM (Ret) David Coburn, Co-Chairman, Ft. Drum, NY Retiree Council

CSA RETIRED SOLDIER COUNCIL COMMENTS: The Council supports efforts to protect the TRICARE program for future and current beneficiaries. Any increases in healthcare fees should include incentives for beneficiaries to utilize the military's direct healthcare system for both the facility as well as the beneficiary. We continue to support the Army Surgeon General's initiative to expand the accessibility of the Retired Soldier population to care in military treatment facilities.

ISSUE: 01-08-2015

INSTALLATION/GARRISON/ASCC Council: Fort Sill, OK Retiree Council

SUBJECT: TRICARE Enrollment for New Retirees

DISCUSSION: With the elimination of the TRICARE Service Centers in CONUS, there is now a challenge for new retirees wishing to enroll in TRICARE Prime for retirees as well as the TRICARE Retiree Dental Program (TRDP). BLUF: Retirees are forced into TRICARE Standard for their first month of retirement instead of TRICARE Prime due to the inability of the DEERS and TRICARE databases to synchronize. The Ft. Sill Retirement office recommends in its briefings and handouts for Soldiers that are retiring to enroll in TRICARE 30 days before their retirement date through the Beneficiary Web Enrollment (BWE) website (used to be done through the TRICARE Service Centers). However, the BWE site will not allow Retirees to enroll until they are reflected as retirees in DEERS, which requires turning in their Active Duty CAC and being issued a retiree ID card. The retiree ID card will not be “effective” until the actual retirement date, so if a retiree receives a retiree ID card before their actual retirement date they have a card that will not work at the commissary (which now scans ID cards for validity) until their retirement date. Retirees must enroll in TRICARE for retirees and TRDP before the 1st of the month in order for coverage to be effective for the next month. However, the BWE site will not allow retirees to enroll until they have drawn their retiree ID card and the computer databases have synchronized overnight. The TRDP allows retirees to enroll once they have been issued their retiree ID card and one night has passed. However, the TRICARE for medical does not allow retirees to enroll until their retirement date. This means if they enroll on the 31st of the month (the first day they are given the option to), the BWE site will not reflect it until the 1st of the month, which then makes the coverage effective the 1st of the following month. This also means that they are put in TRICARE standard for the first month of their retirement with no means of getting TRICARE Prime coverage for the first month as a RETIREE. If you call the TRICARE Contractor, they say it is a problem that has arisen since the elimination of the TRICARE Service Centers (which used to provide a workaround with hard copy paperwork). The Contractor claims they can fix the issue retroactively to provide TRICARE Prime coverage from the date of retirement. In the case of one retired member, it has taken four phone calls over four weeks with still no resolution. He has received bills for services provided in the first month that are not covered under TRICARE Standard, but are covered under TRICARE Prime.

RECOMMENDATION: Fix the TRICARE computer system so that it will allow enrollments for TRICARE Prime and TRDP 30 days prior to the retirement date.

APPROVED BY INSTALLATION/GARRISON/ASCC RETIREE COUNCIL

CHAIRPERSONS:

LTC (Ret) G. Allen Shell, Co-Chairman, Fort Sill, OK Retiree Council

CSM (Ret) David J. Kantor, Co-Chairman, Fort Sill, OK Retiree Council

CSA RETIRED SOLDIER COUNCIL COMMENTS: This issue is not a result of the closure of the Tricare Service Centers but a process requiring the judicious attention of the retiree. The Council supports educating retirees of their personal responsibility to maintain their information up to date and to file necessary applications in a timely manner. The Council researched with the Defense Commissary Agency and IMCOM the ID card program management. The ID card, regardless of type, is effective on date of issue. Systemically, there is not an option to issue an ID card with an effective date in the future.

ISSUE: 01-09-2015

INSTALLATION/GARRISON/ASCC Council: Fort Leonard Wood, MO Retiree Council

SUBJECT: TRICARE Standard Conversion beyond a 40-Mile Radius of Military Treatment Facilities

DISCUSSION: Military Retirees value their earned medical benefits more than any other benefit earned by their honorable service regardless if earned by longevity or by disability. Older Military Retirees who entered active duty service prior to 1990 even had contractual agreements with the Government for free medical care upon retirement. Since the conversion of the CHAMPUS program in 1990s, Military Retirees have been eligible for TRICARE Prime (with reduced referral co-pays and access to military treatment facilities) for a nominal fee and for TRICARE Standard at no charge depending on whether they wish to pay a premium for TRICARE Prime. In fiscal Year 2014, TRICARE Prime eligibility was rescinded for Military Retirees residing in postal zip codes located beyond a 40-mile radius of a military treatment facility on an active military installation or previously located on an installation closed under the Base Realignment and Closure Act. This rescission affected in excess of 140,000 Military Retirees previously eligible for enrollment in TRICARE Prime, effectively increasing their out-of-pocket medical costs by double or triple digit percentages. These Military Retirees, who earned their military medical retirement benefits just like their TRICARE Prime eligible counterparts, are no longer welcome at military treatment facilities except under life-threatening emergency situations. This is a significant issue for those living in rural areas who often travel in excess of 75 to 100 miles from home to get medical care that should be provided by the Government based on earned benefits. It also decreases the number of potential patients that remaining military treatment facilities service, resulting in a death spiral for MEDCOM as full service military treatment centers are downgraded to clinics and even closed for lack of patient throughput. This further degrades care provided for active duty Soldiers, Sailors, Airmen and Marines because clinics generally do not have the specialty treatment capabilities of military hospital centers.

RECOMMENDATION: Recommend that Department of the Army immediately reinstates TRICARE Prime eligibility for Military Retirees who reside outside a 40 mile radius from Military Treatment Facilities.

**APPROVED BY INSTALLATION/GARRISON/ASCC RETIREE COUNCIL
CHAIRPERSONS:**

LTC (Ret) John F. Fensterer, Co-Chairman, Fort Leonard Wood Retiree Council
CSM (Ret) Julius B. Nutter, Co-Chairman, Fort Leonard Wood, MO Retiree Council

CSA RETIRED SOLDIER COUNCIL COMMENTS: There are options in place, within the TRICARE program, that provide for healthcare coverage regardless of location. The average out of pocket costs for a retiree family of three is approximately \$600 less per year under the TRICARE Standard option than it is for TRICARE Prime. Although co-pay costs are higher under TRICARE Standard, often time the enrollment fees for TRICARE Prime offsets any co-pay expense. The Council recommends maintaining the exception to policy option for retirees to opt into TRICARE Prime should their personal circumstances indicate that it would be beneficial.

ISSUE: 01-10-2015

INSTALLATION/GARRISON/ASCC Council: Army in Europe

SUBJECT: TRICARE Notification of Change in Benefits

DISCUSSION: Defense Health Agency (DHA) has announced that it is no longer sending paper notifications to advise beneficiaries about changes to their coverage and eligibility status. Beneficiaries will now receive emails or post cards directing them to online resources where they can view their information.

The two means of notification are: 1) If the beneficiary has a valid email address in the Defense Enrollment Eligibility Reporting System (DEERS), they will get an email telling them to go milConnect to read the letter or, 2) if they do not have an email address in DEERS, they will get a post card directing them to milConnect.

The emails and post cards will contain only a short generic message to inform beneficiaries of a change to their coverage or eligibility. Most letters regarding TRICARE benefits will now be online at milConnect only.

Beneficiaries must sign up or update their email contact information via <http://milconnect.dmdc.osd.mil>. Without a DS Logon, CAC, or DFAS pin, they will not be able to view their information.

Consequently, this change requires all TRICARE beneficiaries to have online capabilities, many of which do not.

RECOMMENDATION: The Chief of Staff, Army encourage DHA to provide future information about TRICARE beneficiary changes via milConnect only to those beneficiaries who have an email address in DEERS. Otherwise, paper letters should continue to be the method of notification.

APPROVED BY ASCC RETIREE COUNCIL PRESIDENT:

COL (Ret) Robert Mentell, President, Army in Europe Retiree Council

CSA RETIRED SOLDIER COUNCIL COMMENTS: The Council concurs and supports that retirees without email addresses receive information concerning their benefits by paper mail. When notified by mail, retirees are provided a website (milConnect) in order to view the notification. The Retiree is also provided a toll-free phone number to contact the TRICARE Support Contractor should they desire to speak directly with a customer service specialist.

ISSUE: 02-11-2015

INSTALLATION/GARRISON/ASCC COUNCIL: Fort Stewart, GA Retiree Council

SUBJECT: Increase in burial allowance for service related deaths

DISCUSSION: The current burial allowance for service-related death is \$2,000 dollars. Unlike other Veterans Affairs benefits, the burial allowance is not adjusted on a recurring basis. It is reasonable that this benefit should be increased to \$2,500 and with future increases based on annual Cost of Living Adjustments.

RECOMMENDATION: Refer to the CSA Retired Soldier Council with the recommendation that Department of Defense refer this issue to the Department of Veterans Affairs for inclusion a future Omnibus Veterans Benefits Act.

APPROVED BY INSTALLATION/GARRISON/ASCC RETIREE COUNCIL

CHAIRPERSONS:

COL (Ret) Gerald E. Thompson, Co-Chairperson, Ft. Stewart, GA Retiree Council

CSM (Ret) Tommy A. Williams, Co-Chairperson, Ft. Stewart, GA Retiree Council

CSA RETIRED SOLDIER COUNCIL COMMENTS: The Council supports the recommendation to increase the VA burial allowance for service-related deaths. Recommend DOD relay the concerns of the CSARSC to the Veteran's Administration requesting they petition Congress to increase the burial allowance to \$2,500 and establish a mechanism which takes annual cost of living increases into account, thus aligning it with other VA benefits that are already managed in that manner.

ISSUE: 02-12-2015

INSTALLATION/GARRISON/ASCC COUNCIL: Fort Stewart, GA Retiree Council

SUBJECT: Provide equal eligibility for benefits for caregivers of wounded, ill or injured medically retired service members and veterans.

DISCUSSION: The Caregivers and Veterans Omnibus Health Services Act of 2010 created enhanced and comprehensive services for family caregivers of Post 9-11 veterans. Services include:

- A monthly stipend
- Travel expenses (including lodging and per diem while accompanying veterans undergoing care)
- Access to health care insurance
- Mental health services and counseling
- Comprehensive VA caregiver training provided by Easter Seals
- Respite care (not less than 30 days per year)

Current legislation, by limiting enhanced caregiver services to Post 9-11 veterans, ignores the fact that as veterans age their service connected injuries, illnesses and diseases become more debilitating and requiring increased levels of care from family members. These services should be available to caregivers of medically retired service members and veterans from all generations suffering from catastrophic injuries and illnesses.

RECOMMENDATION: Refer to the CSA Retired Soldier Council with the recommendation that Department of Defense refer this issue to the Department of Veterans Affairs for inclusion in a future Omnibus Veterans Health Care Act.

APPROVED BY INSTALLATION/GARRISON/ASCC RETIREE COUNCIL

CHAIRPERSONS:

COL (Ret) Gerald E. Thompson, Co-Chairperson, Ft. Stewart, GA Retiree Council

CSM (Ret) Tommy A. Williams, Co-Chairperson, Ft. Stewart, GA Retiree Council

CSA RETIRED SOLDIER COUNCIL COMMENTS: The Council supports this issue and requests DOD refer the matter to the Department of Veterans Affairs for inclusion in the next Omnibus Veterans Health Care Act. Current legislation limits caregiver services to Post 9-11 veterans and overlooks the fact that, as veterans age, their service-connected injuries, illnesses and diseases become more debilitating and require increased levels of care from family members. Qualification for these services should be made available to caregivers of medically-retired service members and veterans from all generations suffering from service connected catastrophic injuries and illnesses.

ISSUE: 02-13-2015

INSTALLATION/GARRISON/ASCC COUNCIL: Fort Stewart, GA Retiree Council

SUBJECT: Full Concurrent Receipt of Retirement Pay and VA Disability Pay.

DISCUSSION: Concurrent Receipt means that qualified military retirees will be paid both their full military retirement pay and VA disability compensation. The 2004 National Defense Authorization Act (NDAA) provided, for the first time, concurrent receipt for retirees with at least a 50% combined disability rating from the Department of Veterans Affairs and at least 20 years of service. This benefit is now known as Concurrent Retirement and Disability Payment (CDRP). The amount of CDRP was phased in over a 10-year period, from 2004-2013, except for 100% disabled retirees, who became entitled to immediate CDRP effective January 1, 2005. The Congress previously authorized Combat Related Special Compensation for military retirees whose service connected disabilities were related to combat. Presently, approximately 450,000 military retirees rated 10-40% disabled are still impacted by the prohibition of concurrent receipt of both military retired pay and disability compensation. In essence, this group of military retirees is funding their disability compensation. A military retiree with a spouse and one child with combined disability rating of 40% loses \$8255 per year. No federal retirement annuitant sees his or her retirement reduced because he or she receives disability compensation from the Department of Veterans Affairs for service-connected wounds, injuries or illnesses.

RECOMMENDATION: That Department of the Army support initiatives directed to Congress to enact legislation amending Title 10 of the United States Code to include language that provides for full concurrent receipt of military retired pay and disability compensation for service-connected wounds, injuries and illnesses.

APPROVED BY INSTALLATION/GARRISON/ASCC RETIREE COUNCIL

CHAIRPERSONS:

COL (Ret) Gerald E. Thompson, Co-Chairperson, Ft. Stewart, GA Retiree Council

CSM (Ret) Tommy A. Williams, Co-Chairperson, Ft. Stewart, GA Retiree Council

CSA RETIRED SOLDIER COUNCIL COMMENTS: The Council fully supports this issue, which has been referred 24 times to the CSARSC by local Army retiree councils in the lifespan of the CSARSC. This fact alone clearly articulates the persistent concerns of Retired Soldiers. It is viewed as unfair and inconsistent, in that, unlike other federal annuitants, it precludes a large segment of disabled Retired Soldiers from receiving their full retirement benefits and further discriminates based on the need for a specific disability rating. The CSARSC strongly recommends DA urge DOD to recommend that Congress enact legislation amending Title 10 of the US Code to provide full concurrent receipt of military retired pay and disability compensation for service-connected wounds, injuries and illnesses regardless of the number of years served or VA disability rating. Should budgetary constraints preclude immediate relief, recommend an incremental approach be executed similar to the previous one for concurrent receipt for military retirees with a 50% or more disability rating.

ISSUE: 02-14-2015

INSTALLATION/GARRISON/ASCC COUNCIL: Fort Stewart, GA Retiree Council

SUBJECT: Reject any recommendations by the Military Compensation and Retirement Modernization Commission (MCRMC), the Congressional Budget Office (CBO), Office of Management and Budget (OMB) and the Government Accountability Office (GAO) which will adversely impact current active and retired service members, their families and national security.

DISCUSSION: The current compensation and healthcare systems are designed to help offset the unique sacrifice that the men and women and their families of our armed forces face. Before recommending any changes to the current system of military compensation and retirement benefits the MCRMC, CBO, OMB, and the GAO must understand how past readiness and retention problems arose after years of cutbacks depressed military pay and cut the value of retirement by 25 percent for post-1986 entrants.

RECOMMENDATION: That the CSA oppose any recommendations by the Military Compensation and Retirement Modernization Commission and other agencies that would adversely impact active and retired service members and/or their families.

APPROVED BY INSTALLATION/GARRISON/ASCC RETIREE COUNCIL

CHAIRPERSONS:

COL (Ret) Gerald E. Thompson, Co-Chairperson, Ft. Stewart, GA Retiree Council

CSM (Ret) Tommy A. Williams, Co-Chairperson, Ft. Stewart, GA Retiree Council

CSA RETIRED SOLDIER COUNCIL COMMENTS: The Military Compensation and Retirement Modernization Commission (MCRMC) generated a final report consisting of 15 recommendations. The CSARSC supports many of these MCRMC recommendations, particularly those recommendations related to improving financial literacy, improving access to child care and addressing the unique challenges faced by our military families with school aged children and special needs dependents. However, CSARSC opposes any recommendations by the Military Compensation and Retirement Modernization Commission and other agencies that would adversely impact active and retired service members and/or their families, in particular, the recommendations regarding modification of the Retirement and Health Care systems without further analysis. CSARSC recommends a very detailed level of scrutiny be given to all MCRMC proposals with a clear priority to preserve quality of people and sustain readiness of the force over perceived cost savings. Any accepted MCRMC decision that negatively impacts today's military retirement and health care system is certain to do the same to the morale and overall quality of life of the force, in both the active and retired ranks, and will certainly diminish, if not eliminate outright, the trust and belief Retired Soldiers have in the Soldier for Life philosophy. CSARSC stands ready to assist DA, DOD and legislative staffs further examining the impacts of the MCRMC proposals on the retiree population.

ISSUE: 02-15-2015

INSTALLATION/GARRISON/ASCC COUNCIL: Fort Stewart, GA Retiree Council

SUBJECT: End the Dependency and Indemnity Compensation (DIC)/Survivor Benefit Program (SBP) Offset

DISCUSSION: Under current law, survivors who are eligible for both SBP and DIC must forfeit a dollar of their SBP annuity for every dollar of DIC received from the VA. Dependency and Indemnity Compensation is a VA program providing a modest annuity of \$1,254 per month (\$15,048 per year) for survivors of veterans whose death is determined to have been caused by military service. Often, the offset wipes out the SBP annuity the military retiree paid for. In such cases, the survivor receives a proportional refund of SBP premiums – with no interest on what often have been many years of premium payments. No other federal surviving spouse is required to forfeit his or her federal annuity because military service caused their sponsor's death. Further, the offset does not apply to surviving military children – only to the spouse.

RECOMMENDATION: Refer to the CSA Retired Soldier Council with the recommendation that Department of Defense includes language in it the draft National Defense Authorization Act for FY 2016 repealing the DIC/SBP offset.

APPROVED BY INSTALLATION/GARRISON/ASCC RETIREE COUNCIL CHAIRPERSONS:

COL (Ret) Gerald E. Thompson, Co-Chairperson, Ft. Stewart, GA Retiree Council

CSM (Ret) Tommy A. Williams, Co-Chairperson, Ft. Stewart, GA Retiree Council

CSA RETIRED SOLDIER COUNCIL COMMENTS: The Council continues to support this issue. We have been on record since at least 2010 in favoring the elimination of this offset. The MCRMC's report addresses this item but it essentially doubles the premiums and requires that the sponsor die of a service-connected disability to receive both. SBP and DIC are two separate and distinct programs. DIC is an entitlement and provides compensation for an active duty or service-connected death. SBP is a purchased insurance program which covers 55% of a service members retirement and is designed to help protect and sustain the quality of life of surviving spouses. It should, at the minimum, only supplement DIC, not be offset by it. Recommend DOD strongly support the legislation in Congress currently being pursued by Congressman Joe Wilson to eliminate this offset.

Legislation is H.R. 1594; the Military Surviving Spouse Equity Act which states the following:

- Repeals certain provisions which require the offset of amounts paid in dependency and indemnity compensation from Survivor Benefit Plan (SBP) annuities for the surviving spouses of former military personnel who are entitled to military retired pay or who would be entitled to retired pay except for being under 60 years of age.
- Prohibits requiring repayment of certain amounts previously paid to SBP recipients in the form of a retired pay refund.
- Repeals the optional authority of (and instead requires) the Secretary of the military department concerned to pay an annuity to a member's dependent children when there is no eligible surviving spouse.
- Directs the Secretary concerned to restore annuity eligibility to a surviving spouse who earlier agreed to transfer such eligibility to a surviving child or children of a member.

Should budgetary constraints prevent immediate implementation we recommend an incremental approach not to exceed three years.

ISSUE: 02-16-2015

INSTALLATION/GARRISON/ASCC Council: Fort Drum, NY

SUBJECT: Change in Calculation of COLA for Military Retirees

DISCUSSION: Government retired pay promises must be kept, including annual cost-of-living adjustments (COLAs) to prevent erosion of retirees' purchasing power by inflation. Retaining a high-quality career force over the long term requires a strong reciprocal commitment between member and service. Retired pay increases, provided for in statute since 1871, are part of the commitment. Since 1963, COLAs have been tied to the Consumer Price Index (CPI), a Bureau of Labor Statistics metric that measures changes in inflation. Without COLA protection, inflation would erode nearly half of real retired pay value for a 20-year retiree by age 62.

The 2009 COLA, announced in October 2008, was an incredible 5.8% for most recipients of military retired pay, VA disability compensation, Survivor Benefit Plan annuities, Social Security, and other federal annuity programs.

However, inflation in 2009 and 2010 (when compared to the 2008 baseline) actually declined providing no COLA for 2010 and 2011 for recipients of military retired pay, VA disability compensation, Survivor benefit Plan annuities, Social Security, and other federal annuity programs.

Deficit Commission and others have recommended adopting a "chained COLA" that would depress the current COLA as a means of reducing long-term costs and would have a huge impact on the value of retired pay over the long term.

The chained-CPI COLA would depress annual retired pay, Social Security, and other COLAs by about 0.3 percent per year – which can compound to impose significant cuts over time.

RECOMMENDATION: Oppose any change that would single out uniformed services Retirees for special COLA penalties and any proposals that would allow long-term erosion of real retired pay value.

APPROVED BY INSTALLATION RETIREE COUNCIL CHAIRPERSONS:

COL (Ret) William Murphy, Co-Chairman, Ft. Drum, NY Retiree Council

CSM (Ret) David Coburn, Co-Chairman, Ft. Drum, NY Retiree Council

CSA RETIRED SOLDIER COUNCIL COMMENTS: The Council, again this year, concurs with the above recommendation and further recommends DOD support of legislation that maintains the current COLA methodology. In addition, recommend an Army Staff proponent be designated to provide oversight of this and similar issues so information, as required, on impacts to the Army and its' constituencies can be provided.

ISSUE: 02-17-2105

INSTALLATION/GARRISON/ASCC Council: Fort Detrick, Maryland

SUBJECT: Space A Travel on Military Aircraft for Surviving Spouses

DISCUSSION: Upon a retiree's death, the surviving spouse is no longer eligible to travel on military aircraft as a Space A traveler. Through no fault of their own, these spouses are abruptly denied a benefit they would otherwise enjoy had they had a living spouse.

Manifesting surviving spouses on aircraft with excess capacity should result in no additional cost. The scheduled mission is going to occur, whether or not all available seats are filled with duty passengers, Space-A passengers, or a combination of both.

Allowing these spouses this privilege acknowledges the life-long contributions made by these individuals to the military careers of their husbands and wives. Per DoD Directive 4515.13R, "Air Transportation Eligibility," command-sponsored family members, to include children 18 years of age or older, are entitled to travel Overseas-CONUS, CONUS-Overseas, and Overseas-Overseas within the same theater with no other requirement than they be command sponsored. These individuals enjoy the benefits of Space A travel, even if their active duty sponsors separate long before retirement eligibility. Furthermore, under specific conditions, family members who are students are allowed to travel without their sponsors. A widowed husband or wife who contributed to the 20+ year military career of his/her spouse should be entitled to at least the same privilege.

RECOMMENDATION: This council strongly supports the immediate revision of any pertinent DOD directives, instructions, policy and regulations to permit surviving spouses of retirees to fly Space A on military aircraft as category VI personnel.

APPROVED BY INSTALLATION RETIREE COUNCIL CHAIRPERSONS:

COL (Ret) Alan Phillips, Co-Chairman, Ft. Detrick, MD Retiree Council

CSM (Ret) James Shaheen, Co-Chairman, Ft. Detrick, MD Retiree Council

CSA RETIRED SOLDIER COUNCIL COMMENTS: The Council, again this year, strongly supports Space A travel for Surviving Spouses. This is a recurring concern and has been addressed in several previous reports. We continue to strongly believe that favorable consideration and execution of this initiative will first and foremost acknowledge a spouses' long-term commitment to our Army at a very small price given that their priority will only allow them to fly when there are empty seats available on flights going regardless. The contention that a major increase in volume and subsequent costs will occur by providing this entitlement to surviving spouses is not considered valid given the current circumstances. The sooner this initiative can be adopted the better. This will send a strong message that our surviving spouses' support of the Army will not be forgotten after the death of their Soldier and that their association with the Army, like their Soldier's, is for life. To facilitate action, recommend a proponent on the Army Staff be identified.

ISSUE: 02-18-2015

INSTALLATION/GARRISON/ASCC Council: Fort Leonard Wood, MO Retiree Council

SUBJECT: Recurring Plan to Merge Defense Commissary Agency (DECA) Commissaries into the Army and Air Force Exchange System (AAFES)

DISCUSSION: Over the past several budget cycles, Department of Defense and Department of the Army have annually proposed placing DeCA commissaries under AAFES for management and operation. The stated goal is to consolidate operations, eliminate duplicate headquarters and management staffs, and thereby save an undetermined amount of money. Military Retirees value both their earned Commissary and Post Exchange benefits; however, Military Retirees serviced by Fort Leonard Wood place a much greater value on their Commissary benefits, second only to their earned medical benefits. There are two reasons for this: (1) Commissary selection/quality is much better and pricing (including the DeCA surcharge for operations and maintenance) is significantly lower than surrounding commercial grocery chains; and (2) PX selection is significantly lower and AAFES items are frequently more expensive than local stores who have greater selection and match or even undercut PX pricing (including the 7.5% sales tax at local commercial stores). By placing the Commissary under AAFES, pricing will increase and selection will decrease at the Commissary. This will drive the Military Retiree Community to shop exclusively in the local community and result in significant Military Retiree disgruntlement at the resulting loss of the savings benefit the Commissary previously provided. It will also reduce AAFES gross sales which in turn will reduce AAFES support for non-appropriated Soldier quality of life funding. While this issue's focus is from the Fort Leonard Wood perspective, indications are that it has traction at other Army, Joint, and Sister Service installations (particularly those serviced by the Navy Exchange or Marine Exchange). If Department of the Defense and Department of the Army wish to save money on DeCA operations, a good place to start would be to do away with the millions of dollars proposed to initiate a generic DECA brand. Military Retirees and Active Duty/ Dependents appear to be very happy with the quality and selection of brand name items currently offered by the Commissary.

RECOMMENDATION: Recommend that Department of the Army and Department of Defense cease attempting to merge DeCA commissaries into AAFES.

APPROVED BY INSTALLATION/GARRISON/ASCC RETIREE COUNCIL

CHAIRPERSONS:

LTC (Ret) John F. Fensterer, Co-Chairman, Fort Leonard Wood Retiree Council

CSM (Ret) Julius B. Nutter, Co-Chairman, Fort Leonard Wood, MO Retiree Council

CSA RETIRED SOLDIER COUNCIL COMMENTS: The Council strongly believes the current commissary benefit of 30% must be maintained and the Army's subsidy be significantly reduced or eliminated. A more efficient commissary business model is essential to accomplishing the task. Congress has mandated a review of commissary operations in FY15 due to them 1 September 2015. Our recommendation is that the review should provide viable courses of action, to include the merger of exchanges and commissaries as well as pilot programs in targeted areas of the country taking local demographics and costing into account. In addition, the impact of generic or private labels currently in use needs to be assessed. The recommended business strategy should ultimately reduce the Army's burden and not impact the savings Soldiers, Retired Soldiers and their families currently enjoy. Failure to preserve this high visibility benefit, coupled with the drawdown of the force, other programs targeted at our serving military, and retired populations will eventually impact the propensity of those seeking to enlist as well as those who influence them to do so. We believe commissaries, exchanges and MWR programs are inextricably linked and if higher commissary prices drive shoppers away, that could likely impact customer traffic at base exchanges, which are already seeing a decline in sales. MWR programs, partially funded by exchange profits, could be significantly affected.

ISSUE: 03-19-2015

INSTALLATION/GARRISON/ASCC Council: Army in Europe

SUBJECT: Common Access Cards for Retirees

DISCUSSION: The current and ever increasing cyber threats to our automated systems require constant vigilance and increasingly sophisticated security counter measures. The ongoing upgrades to the Army automation systems and most Department of Defense (DOD) systems require users to use common access cards (CACs) vice user identification (user ID) names and passwords for login. This effort insures personal security and greater cyber security for the overall systems.

Unfortunately, some of these efforts designed to increase security, i.e., the use of CACs, are slowly eroding access to vital systems for retired service members. Many other Army and DOD systems are quickly migrating to mainly CAC access or CAC-only access primarily due to increased cyber security and effectiveness. User IDs and Passwords are rapidly becoming a relic of the less-secure past.

Most newsletters, information, mailers, documents, and other actions are all being moved to online-only access through websites. Recently, the physical “snail mail” mail method of acquiring information is being automatically terminated and retirees are forced to go online to acquire information or gain access to services. More and more information on “open” Army sites is being moved behind the “CAC firewall” presumably for counter-terrorism purposes.

The need for retiree CAC Card access is not an “if” but “when” proposition. It is merely a matter of time until anyone wishing to access any DOD system will require some sort of CAC Card access.

The increased cost resulting from the issuance of CACs is a small price to pay for increased cyber security.

RECOMMENDATION: Chief of Staff, Army direct that all necessary actions be taken to phase in the issuance of Common Access Cards to future Retirees to increase the system cyber security and to permit them to retain access to key information and to critical systems.

APPROVED BY ASCC RETIREE COUNCIL CHAIRPERSON:

COL (Ret) Robert Mentell, President, Army in Europe Retiree Council

CSA RETIREE COUNCIL COMMENTS: The Council supports this issue. Despite the constraints, such as cost and requirements for vetting, the Army should take the lead in protecting our vital networks and systems to which all Soldiers including Retired Soldiers need access against the ever increasing cyber threats. The Army should then encourage its sister services to follow its lead. Recommend the CSA direct the G1 to issue CAC cards to Retired Soldiers by 1 October 2017.

ISSUE: 03-20-2105

INSTALLATION/GARRISON/ASCC Council: Fort Detrick, MD

SUBJECT: Issue Common Access Cards (CAC) to Retirees

DISCUSSION: Upon retirement Army Retirees currently surrender their CAC and receive a Retiree Identification Card. The current Retiree Identification Card is extremely limited in its use, although it does contain a bar code that can be scanned in certain facilities (i.e. Defense Commissary Agency (DeCA) and MWR facilities it does not have the capability to support an integrated circuit chip (ICC) for use with a CAC reader.

An unfortunate result of this change is that Retirees must maintain several different passwords for access to U.S. Army, Department of Defense, and Federal Government web sites including Defense Finance and Accounting Service (DFAS), TRICARE, and the Department of Veterans Affairs (VA) sites.

In addition issuing a CAC to Retirees could provide a more secure means for installation/facility access due to current and future physical security concerns for the Army and DoD. Some current Army Installations have CAC readers installed at gates for drivers to swipe their cards to gain entry.

Lastly, Retirees with a CAC may be able to receive more efficient services from Military Medical Treatment Facilities. An example is the phone in system for prescription refills, the Retiree must call a toll free number, navigate the menu options, enter the last 4 digits of their SSN, and prescription numbers for each medication. Retirees with a CAC could log in to a secure web site, validate their identity with a Personal Identification Number (PIN) and submit a request for refills by prescription number.

Requirements for a CAC include DEERs enrollment, a National Agency Check with written Inquiries and an FBI fingerprint check, a future Retiree should have all of these met by virtue of their active service.

RECOMMENDATION: Recommend Chief of Staff, Army urge the G-1 to take all necessary actions to phase in issue of Common Access Cards to future Retirees for more secure and simplified access to Army, DOD, and Federal Government CAC accessible web sites, installation and facility access and access to health care facilities and services.

APPROVED BY INSTALLATION RETIREE COUNCIL CHAIRPERSONS:

COL (Ret) Alan Phillips, Co-Chairman, Ft. Detrick, MD Retiree Council

CSM (Ret) James Shaheen, Co-Chairman, Ft. Detrick, MD Retiree Council

CSA RETIRED SOLDIER COUNCIL COMMENTS: The Council supports this issue. Despite the constraints, such as cost and requirements for vetting, the Army should take the lead in protecting our vital networks and systems to which all Soldiers including Retired Soldiers need access against the ever increasing cyber threats. The Army should then encourage its sister services to follow its lead. Recommend the CSA direct the G1 to issue CAC cards to Retired Soldiers by 1 October 2017.

ISSUE: 03-21-2015

INSTALLATION/GARRISON/ASCC Council: Fort Campbell, Kentucky

SUBJECT: Delivery of Army Echoes Digitally to Gray Area Retirees

DISCUSSION: Army Echoes newsletter is the primary method of communicating changes and updates of Army Retiree benefits to Retirees. The importance of receiving specific, retirement related information should not be underestimated.

Currently Army Echoes is delivered, via USPS or digitally, to Army Retirees who receive retired pay and Survivor Benefit Plan annuitants. When active duty Soldiers retire, they are directed to provide email addresses through MyPay for the purpose of sending Echoes digitally.

Reserve and National Guard Soldiers who have received their notification of eligibility (NOE, commonly called a “20 year letter) must wait until they are age 60 (or sooner if they are eligible for Reduced Age (Early Drop)-reserve retirement) to receive retired pay. Because they are not receiving retired pay, they do not receive Army Echoes and are, in effect, in the dark regarding changes to the Army in general, and benefits, specifically.

RECOMMENDATION: Prior to issuance of the NOE, HRC Reserve Retired Pay Branch should collect the Soldier’s non-government email address. This address will be provided to the Army Retirement Services Office for inclusion in the digital mail out roster for Army Echoes. Upon publication of Army Echoes, send the document digitally to all gray area Retirees whose email address is available.

APPROVED BY INSTALLATION/GARRISON/ASCC RETIREE COUNCIL

CHAIRPERSONS:

COL (Ret.) Jeffrey Blackwood, Chairman, Fort Campbell Retiree Council

MSG Robert McBee (Ret.), Co-Chairman, Fort Campbell Retiree Council

CSA RETIRED SOLDIER COUNCIL COMMENTS: The Council supports this issue, but notes that Army Echoes is currently delivered to Gray Area Retirees at the address they have on file with HRC. A data field should be created for the non-government email addresses. In advance of receipt of the NOE letter, interested Gray Area Retiree should be permitted to submit their email addresses. The NOE letter should be modified to require recipients to submit their email addresses. Recommend the CSA direct the G-6 and G1 to find a solution to this issue by 1 October 2015.

ISSUE: 03-22-2015

INSTALLATION/GARRISON/ASCC Council: Army in Europe

SUBJECT: Training Program for Retiree Volunteers

DISCUSSION: The Chief of Staff Army's Soldier for Life (SFL) initiative emphasizes the importance of taking care of Soldiers through their entire life cycle, from the time they join the Army through when they transition back to civilian life bringing with them exceptional training, critical skills sets, and proven talents to their local communities. The Retirement Services Officers (RSOs) play a vital role in delivering key services to Soldiers as they prepare to retire and after they retire. Despite that fact, two things are happening simultaneously: RSO spaces are going away as garrisons close and as enduring garrisons accommodate budget reductions, and RSO "faces," i.e., those individuals assigned RSO duties, are being burdened by an increasing number of additional duties. Therefore, the availability of those key SFL services continues to decrease. At the same time, the size of the Retiree community in Europe is remaining relatively constant. To off-set the downward trend in the supporting-to-supported ratio, Retirees at several garrisons have been permitted to create offices generically referred to as Retiree Service Centers in an attempt to "take care of their own." These offices are staffed exclusively by well-intentioned volunteers. Many of these volunteers, however, lack formal training in the subjects on which they are advising active-duty Soldiers and Retirees and their Families and Annuitants. Consequently, many of these Retiree volunteers do not know the details of the program on which they speak and the limits of what they can and cannot say. Nevertheless, they are advising active-duty Soldier and Retirees and their Families and Annuitants. The garrisons have allocated office space, communications connectivity, and other administrative support to this effort giving the appearance that these offices are an authorized extension of the garrison staffs, de-facto conferring on them the aura of being the source of accurate and authoritative information. Chief, Army Retirement Services (DA RSO), has established "remote training programs" for RSOs. In addition to generic RSO training, there are modules for DRAS (Defense Retiree and Annuitant System) training and for SBP (Survivor Benefit Plan) training.

RECOMMENDATION: The Chief of Staff, Army direct the establishment of a "remote training program" for Retiree volunteers in order to provide important "Soldier for Life" services to retiring Soldiers and Retirees.

APPROVED BY ASCC RETIREE COUNCIL CHAIRPERSON:

COL (Ret) Robert Mentell, President, Army in Europe Retiree Council

CSA RETIRED SOLDIER COUNCIL COMMENTS: The Council supports this issue. The ARSTAFF has confirmed that the "remote training program" for Retired Soldier Volunteers (RSVs) recommended in this issue already exists in the Army's Learning Management System (ALMS) as the RSO Certification Course and that it includes specifics on what subjects the RSV may and may not counsel Soldiers, Retired Soldiers, or surviving spouses. As access to the ALMS is only available via .mil email accounts and most Retired Soldiers are no longer authorized these, the DARSO should disseminate instruction on how an RSV, with the sponsorship of the garrison RSO, can obtain a Volunteer Access Card and .mil email account. Those instructions should also contain provisions that require the garrison leadership to ensure that all RSVs have successfully completed the RSO Certification Course, to include any periodic re-certification requirements, before being permitted to counsel Soldiers, Retired Soldiers, or surviving spouses.

ISSUE: 03-23-2015

INSTALLATION/GARRISON/ASCC COUNCIL: Fort Stewart, GA Retiree Council

SUBJECT: Continued Appropriated Funding of the Installation Retirement Service Offices (RSOs)

DISCUSSION: The primary sources of support for Retiree Communities are Retirement Services Offices (RSOs). The Ft Stewart Retiree Council would like the CSA to continue funding the Installation RSOs. Increased discussion of budget cuts indicates there is a likelihood of cuts to RSOs which are the lifeline to the Retiree and their family members. These offices are recognized by regulation and it is necessary for commanders to understand their importance and provide them with appropriate funding. Also the RSO's are crucial in supporting the CSA's Soldier for Life initiative. RSOs and their respective Retiree Councils support Retirees on fixed incomes, living hundreds of miles apart over areas covering thousands of square miles. The Army Retiree community is very appreciative of the U.S. Army's tradition of appropriating funds to support RSOs. Without continued funding, services (such as RSO staff positions) would not available and support after retirement would become virtually nonexistent. Installation Retiree Council meetings would be doubtful, which would result in no issues presented on the installation's behalf to the CSA Retiree's Council. Thus, the Retirees lose a very important voice. Elimination or reduction in appropriated funding for Installation RSOs or outsourcing of their functions as a cost saving measure definitely would diminish the existing bond between the active and retired Army communities.

RECOMMENDATION: CSA Retiree Council must continue to support funding for RSOs and their respective Retiree Councils programs and Retiree meetings.

APPROVED BY INSTALLATION/GARRISON/ASCC RETIREE COUNCIL

CHAIRPERSONS:

COL (Ret) Gerald E. Thompson, Co-Chairperson, Ft. Stewart, GA Retiree Council

CSM (Ret) Tommy A. Williams, Co-Chairperson, Ft. Stewart, GA Retiree Council

CSA RETIRED SOLDIER COUNCIL COMMENTS: The Council supports this issue. The Chief of Staff, Army should continue to emphasize how critical the funding for the Army Retirement Services program is to a credible Soldier for Life program. Without that funding, the Soldier for Life program would revert to just another campaign of words absent of action.

ISSUE: 03-24-2015

INSTALLATION/GARRISON/ASCC Council: Army in Europe

SUBJECT: Instill the Soldier for Life Philosophy into the Culture of Retirees

DISCUSSION: The Soldier for Life program seeks to inspire Retirees to maintain, embrace and share their Army experience in a manner that will hopefully strengthen and instill their learned values, ethos and leadership within their respective communities. The Soldier for Life program identifies Retirees as “essential enablers,” influencers within their communities and critical to our Army’s ability to generate a premier all-volunteer force. Yet, even though the Army identifies Retirees as “essential enablers,” there are many Retirees who do not know, sense, or speak publically about the important responsibility they continue to bear for our Army and our Nation.

In order to grow and nurture a Soldier for Life culture among Retirees, there needs to be recognizable examples of what right looks like in both people and actions. For example, when a senior leader retires, the Army culture traditionally bestows praise upon the retiring leader in some form of award/retirement ceremony. If at the ceremony, the senior leader were to make a public testament that the Soldier for Life concept is critical to our Army’s ability to generate a premier all-volunteer force, plus give examples for how he or she plans to support the Soldier for Life concept once retired, the senior leader’s actions will potentially inspire and harden the Soldier for Life philosophy into the character and future actions and service of other Retirees. If, on the other hand, there is no public mentioning of Soldier for Life and the only public mentioning the retiring senior leader says he or she will retain with the Army after retirement is in their invitation to colleagues to “come visit,” then the opportunity to see what right looks like has just been lost on all the present and future Soldier in attendance.

Simply stated, the omission of a commitment by a retiring senior Army leader to continue a life of service to our Army and its values hurts our ability to tell others the Soldier for Life concept is genuine and matters.

RECOMMENDATION: The Chief of Staff, Army mentor every retiring GO and the Sergeant Major of the Army mentor every retiring CSM to speak publically at their retirement ceremonies about how they intend to continue serving Soldiers and our Army post-retirement. Their example will be noticed and, over time, hopefully emulated by other retiring Soldiers.

APPROVED BY ASCC RETIREE COUNCIL CHAIRPERSON:

COL (Ret) Robert Mentell, President, Army in Europe Retiree Council

CSA RETIRED SOLDIER COUNCIL COMMENTS: The Council supports this positive extension to the promotion of the Soldier for Life program and embedding it permanently into the Army culture. The Council encourages the CSA and SMA to communicate the importance of promoting the Soldier for Life Program in all of their speeches and the speeches of all in the chain of command, particularly during award and retirement ceremonies. Further, recommend that the CSA direct the Chief of Army Public Affairs to provide the pertinent talking points to be used by general officers and senior command sergeants major on such occasions. Speakers throughout the Army School system during graduation ceremonies at all levels should also incorporate these talking points. This guidance should also be issued and repeated on a recurring basis given the turnover of commands and the frequency of retirement events.

ISSUE: 03-25-2015

INSTALLATION/GARRISON/ASCC Council: Army in Europe

SUBJECT: DFAS Virtual Support to Retiree Appreciation Days

DISCUSSION: The Retired and Annuity Directorate of the Defense Finance and Accounting Service (DFAS R&A) previously provided on-site support at Retiree Appreciation Days (RADs) both within and outside of CONUS. Both Retirees and annuitants benefited from this hands-on support. Historically, the knowledge and expertise of a DFAS subject matter expert in resolving pay and benefits issues on-the-spot resulted in quick results, including recoupment of funds for clients served.

Constrained budgets can no longer support sending representatives to all RADs, particularly those involving travel outside the United States. This is especially the case when intra-theater travel between several events is involved, as has been in the European theater.

While DFAS support is no longer directly available in the field, by leveraging technology, such support could still be provided to clients at a remote site during a local RAD. DFAS “virtual” support could be provided via a linkage between DFAS in Cleveland and field sites using systems and equipment normally available to an RSO/RAO.

Such technology should:

- Allow DFAS personnel to conduct a “virtual” one-on-one session with the client through use of video teleconferencing, video-telephony, or other readily available technology. (VTC is not a viable option.)
- Allow scanning, display, and transmission of documents via facsimile or other imaging systems. This allows clients in the field to complete/sign necessary hardcopy documents or authorizations and transmit them to DFAS in near real-time, as well as allowing DFAS personnel to provide hardcopy feedback of the results of their work for the client’s personal records.
- Be coordinated by DFAS with Defense Information Systems Agency (DISA) to ensure that the systems used comply with security standards, as well as compliance with standards for protection of Personally Identifiable Information (PII).

By conducting “virtual” face-to-face meetings with the assistance of the local RSO/RAO staff, a secondary benefit would be enhanced exposure of RSO/RAO personnel to DFAS expertise and methodology, improving their day-to-day ability to serve the needs of clients. One final benefit of such a system is the potential for the supporting DFAS subject matter expert to call on expertise from other sections of the DFAS R&A organization, enhancing their ability to respond to client needs.

RECOMMENDATION: The Chief of Staff, Army:

Direct the definition, in coordination with DFAS R&A, of the level and type of support needed at RADs, set the baseline standards that would be required to be met by the virtual support system, advise them of the automation equipment available to RSOs.

Encourage DFAS R&A to develop the systems and procedures that are compatible with technology already available to RSO offices that would permit DFAS to provide the required level of support to clients at RADs.

APPROVED BY ASCC RETIREE COUNCIL CHAIRPERSON:
COL (Ret) Robert Mentell, President, Army in Europe Retiree Council

CSA RETIRED SOLDIER COUNCIL COMMENTS: The Council supports this issue. DFAS R&A support at RADs is essential. However, a baseline standard of such support should be established for RADs in general and then tailored to meet specific needs over that standard based in individual RADs and the profile of their participants. The ideal is the in-person support by a DFAS R&A representative. However, when that is not possible, support should be provided “virtually.” DFAS R&A has identified a secure system by which it can provide that support and will develop procedures to make the support responsive to the needs of RAD participants. The system must be stable and integrate audio, video, and hard-copy transfer for when the beneficiary much sign a document. The procedures must be simple enough for all beneficiaries to comprehend yet detailed enough to ensure that the support provided is comprehensive requiring little or no follow-on actions.

The CSARSC recommends that, once the system and procedures are in place, DFAS R&A conducts a pilot test to evaluate how well they meet the needs of beneficiaries. Two of the pilot tests should be conducted for the Army in Europe Retiree Appreciation Day hosted by USAG Wiesbaden and the Korea Retiree Appreciation Day hosted by USAG Korea.

ISSUE: 03-26-2015

INSTALLATION/GARRISON/ASCC COUNCIL: Fort Jackson, SC Retiree Council

SUBJECT: Access to South Carolina Retired Military and Surviving Spouses Personal Email Addresses.

DISCUSSION: The Defense Finance and Accounting Service (DFAS) has access to email addresses for all retired service members and surviving spouses. Fort Jackson provides services for 48,727 retirees throughout the state of South Carolina. As budget dollars continue to be reduced for non-operational purposes, everyone is seeking more efficient and less expensive ways to communicate. Communicating with retirees, and reinforcing the new Soldier for Life program is a key priority for Fort Jackson. In addition, the Commanding General, Fort Jackson has a Line of Effort to support surviving spouses. The ability to use retiree and surviving spouse email addresses is considered essential as we go forward. It piggybacks on Department of the Army's initiative to ultimately transmit Army Echoes through email and, like at DA, would save Fort Jackson a significant amount of money while upping the bar on our ability to communicate more frequently with our retiree and surviving spouse constituencies. At present, the Fort Jackson Retiree Bulletin is mailed one time per year (used to be twice a year) and the cost of printing and mailing is \$3,694.45. As stated earlier, applying the same standard and process as with Army Echoes would save Fort Jackson a significant amount of money and up the opportunity to communicate more effectively and often to include FMWR activities. It would clearly be a shot in the arm for the SFL effort here at Fort Jackson. For retirees and surviving spouses without an email address, a hard copy bulletin would still be mailed.

RECOMMENDATION: Recommend the CSA Retiree Council request DFAS to grant access to retiree and surviving spouse email addresses.

APPROVED BY INSTALLATION/GARRISON/ASCC RETIREE COUNCIL CHAIRPERSON:
COL (Ret) Michael R. Molosso, Chairman, Fort Jackson Retiree Council

CSA RETIRED SOLDIER COUNCIL COMMENTS: The Council supports this issue. Since DFAS has the largest collection of personal emails to communicate with retirees and surviving spouses, every effort should be made to obtain a copy of the database that DFAS utilizes for email addresses. E-mails are the most effective and efficient way to communicate; therefore, having a comprehensive list of retiree and surviving spouses email addresses benefits both parties. A retiree bulletin that is created with a desktop publishing program (DTP), and sent via email, would cost (minus the manpower costs to create the bulletin) roughly \$120.00 a year versus the use of the United Postal Service. Information in the retiree bulletins can be crucial for the members that receive the information; therefore, receiving the information in a timely manner is beneficial. DFAS should be contacted and an agreement should be brokered to allow access to their email address database.

ISSUE: 03-27-2015

INSTALLATION/GARRISON/ASCC Council: Fort Hood, Texas Retiree Council

SUBJECT: Reinstate AKO/DKO service to Retirees

DISCUSSION: There is a groundswell of discontent among our Retirees about losing AKO/DKO access. On one hand, the Army and DOD are automating more functions, making them "web-based" and "self-serve". On the other hand, they have taken away the most secure email, and, in many cases, the only email that Retirees had. DOD has linked very important functions (such as DFAS pay notifications, VA change announcements, etc.) to unsecured email providers such as Yahoo and GMAIL. At our recent "Retiree Appreciation Day, our guest speaker, Tom McKenna (who heads DFAS Retiree and Annuitant Pay) reported he lost 400,000 Retirees and Annuitants when AKO was taken away. AKO access was a way for Retirees to stay connected to their Army and their network. The loss of AKO access has resulted in lost connections and lost potential networking opportunities for our Retirees, at a time when unemployment among our Veterans is at its peak. To remain a "Soldier for Life", a Retiree requires connectivity and access to the Army digital Family.

RECOMMENDATION: Reinstate AKO/DKO access to Army Retirees.

APPROVED BY INSTALLATION/GARRISON/ASCC RETIREE COUNCIL

CHAIRPERSONS:

GEN (Ret) James Thurman, Co-Chairman, Fort Hood, Texas, Retiree Council

CSM (Ret) Elijah King, Jr., Co-Chairman, Fort Hood, Texas, Retiree Council

CSA RETIRED SOLDIER COUNCIL COMMENTS: Army Knowledge on Line (AKO) provided a unique capability for the retiree community though real-time accessibility to information regarding Army initiatives. There is great concerns regarding the timing associated with suspending the services, but looking back there was in fact an information campaign well in front of the action informing all that would be impacted of the Army's intentions.

One unique and highly used tool inherent to this platform was "White Pages" which provided the ability to reconnect with mentors and friends. We, the retiree community thank the Army for reengaging this concern and providing the service through the Soldier for Life (SFL) website. If it's possible to achieve the same level of information awareness under alternative technology platforms we believe the response will overwhelmingly address the concerns of retirees.

We request the initiation of an information campaign on this topic to inform the retiree community through all available networks such as Army Echoes and if possible pinpoint communications with installation retiree councils to further disseminate the approved way ahead.

ISSUE: 03-28-2015

INSTALLATION/GARRISON/ASCC COUNCIL: Fort Stewart, GA Retiree Council

SUBJECT: Joint Service - RSOs

DISCUSSION: The Army currently leads the way in providing service to Retirees in accordance with regulations and having permanent Retirement Services Offices (RSO) positions. Army RSOs not only assist Army Retirees, but also provide assistance and support to Retirees from other branches of service. Additionally, Retirees from other branches of service regularly attend Army RADs to stay informed of issues and seek assistance.

The Fort Stewart RSO for example provides support and assistance to Retirees as follows:

52,845- Army Retirees

14,332- Army annuitants and family members

117,854- Retirees from other branches of service

30,073- Family members and annuitants from other branches of service

This means the Fort Stewart RSO provides service to a joint community of 215,104 individuals.

There is no doubt that Army RSOs will continue to provide excellent support and assistance to Retirees from other branches of service; unfortunately, it comes at a cost in man-hours and wages to Army RSOs with already limited resources. The lack of RSO support in other branches of service means the Army is providing Retiree support services for free. The logical solution would be to have a Chairman of the Joint Chiefs of Staff (CJCS) Retiree Council, which would support Joint Service RSOs within other service branches to ensure all Retirees, regardless of branch of service, are receiving the assistance they deserve.

RECOMMENDATION: A CJCS Retiree Council could then support a Joint Service RSO development program to assist and train the other service branches RSOs in providing Retiree support services.

APPROVED BY INSTALLATION/GARRISON/ASCC RETIREE COUNCIL CHAIRPERSONS:

COL (Ret) Gerald E. Thompson, Co-Chairperson, Ft. Stewart, GA Retiree Council

CSM (Ret) Tommy A. Williams, Co-Chairperson, Ft. Stewart, GA Retiree Council

CSA RETIRED SOLDIER COUNCIL COMMENTS: The services have each opted to take care of their military personnel including their retired service members differently, with the Army having the most structured and comprehensive Retirement Services Program. The Army Retirement Services Program is funded by appropriations designated to take care of retiring and Retired Soldiers and not to retired military personnel of all services. Should the other services desire their retired military personnel to be eligible to receive support under the Army Retirement Services Program, it could be accommodated on a reimbursable basis to off-set the additional costs to the Army of providing those services.

The CSARSC recommends this issue be raised to DOD level for consideration. DOD currently has seven Joint Base Platforms that could be used as test beds for the department if this position is considered and adopted. The benefit would be the ability to capitalize on our collective resources and services to provide across the entire formation. We understand it is not the Army's requirement to support all service connected retirees. However, the reality is that the Army is currently providing that support in many regions without the benefit of guidance or coordination among the branches.

ISSUE: 03-29-2015

INSTALLATION/GARRISON/ASCC COUNCIL: Fort Stewart, GA Retiree Council

SUBJECT: Chairman, Joint Chiefs of Staff - Retiree Council

DISCUSSION: Due to the current economic environment, there is much change to Retiree pay and benefits. A combined effort from all branches of service in support of Retirees, past and future, is needed to communicate Retiree issues and concerns. Historically, attendees at a Retiree Appreciation Day (RAD) have been multi-service Retirees. Retiree concerns and issues brought forth by Retirees at Joint Service RADs and by the Joint Service Retiree Councils have been shown to be very similar. The Army has led the way in Retiree services; perhaps the Army can lead the way in recommending a Joint Chiefs of Staff Retiree Council under the Chairman of the Joint Chiefs of Staff (CJCS) which would be comprised of members from all the services. Retirees of all branches of service then would have a supportive voice from CJCS with regard to Retiree concerns and issues. A Joint Chiefs of Staff Retiree Council would reduce the redundancy and duplication of issues from each branch of service leading to a definite cost savings along with higher level of communication and support for all Joint Service Retirees.

RECOMMENDATION: Combine all services Retiree support into one Joint Service Retiree Council where the Chairman of the Joint Chiefs of Staff has a singular Joint Service Retiree Council made of retired members from all the services to represent all retired military personal.

APPROVED BY INSTALLATION/GARRISON/ASCC RETIREE COUNCIL

CHAIRPERSONS:

COL (Ret) Gerald E. Thompson, Co-Chairperson, Ft. Stewart, GA Retiree Council
CSM (Ret) Tommy A. Williams, Co-Chairperson, Ft. Stewart, GA Retiree Council

CSA RETIRED SOLDIER COUNCIL COMMENTS: The Council strongly encourages the services to collaborate on policies and services that are provided to all retired members and their surviving spouses. However, replacing each service's retiree council with a joint council would remove a tool for advising the service chiefs about service-specific concerns and programs, some of which are Title 10 requirements not addressed at the joint level. Instead of replacing the service councils with a joint council, recommend the Army pursue a semi-annual meeting with the other services' retirement services counterparts to discuss retiree issues of mutual concern and possible solutions that would conserve resources if jointly implemented. We understand that the services already meet once each year at the DFAS Pay and Personnel Conference to discuss retired pay and personnel issues. Then the services could report progress or the lack thereof to their respective retiree councils.

ISSUE: 03-30-2015

INSTALLATION/GARRISON/ASCC COUNCIL: Fort Stewart, GA Retiree Council

SUBJECT: Providing Installation RSOs with Retiree Contact Information

DISCUSSION: In support of the Soldier for Life initiative, it is imperative that Retiree issues and concerns are communicated. Retirees need to know about the many changes that will impact them such as pay and benefits. Thus, the Army G1 RSO should be working with DFAS – Cleveland to supply the Installation RSOs with Retiree contact information (i.e.: E-Mail addresses). DFAS – Cleveland has electronic contact information for all Retirees. Like with other installations, the Fort Stewart RSO has very limited funds. Currently, Fort Stewart spends approximately \$27,000 per year on printing and postage for mailing hardcopies of information to Retirees regarding its Retiree Appreciation Day (RAD). This cost has become prohibitive for Fort Stewart for providing additional information via mail. The Fort Stewart RSO and its Retiree Council must seek ways to improve the method it communicates and disseminates information to Retirees in its service region. Obviously, the use of computer technology and e-mails will be the fastest and most inexpensive method of communication as more Retirees transition online.

DFAS – Cleveland can sort by state and zip code the appropriate contact information which would allow Installation RSOs to establish a “ListServ” of E-Mail addresses for all Retirees in their area of responsibility.

RECOMMENDATION: Have DFAS – Cleveland supply each Installation RSO with contact information in the form of a Retiree database (i.e.: E-Mail addresses, etc.). After the first download of Retiree contact information, DFAS – Cleveland should then supply each Installation RSO with appropriate Retiree contact information annually.

APPROVED BY INSTALLATION/GARRISON/ASCC RETIREE COUNCIL

CHAIRPERSONS:

COL (Ret) Gerald E. Thompson, Co-Chairperson, Ft. Stewart, GA Retiree Council

CSM (Ret) Tommy A. Williams, Co-Chairperson, Ft. Stewart, GA Retiree Council

CSA RETIRED SOLDIER COUNCIL COMMENTS: The Council supports this issue. A list server system should be developed that would incorporate the geographical areas of responsibility as prescribed in Appendix B, AR 600-8-7. Such a list server would permitting an RSOs to “post” messages that the server would send to all DFAS R&A beneficiaries with corresponding addresses in the RSO’s geographical area of responsibility. It is our belief that this capability is readily available. Modifications of the geographical template could be updated whenever a new version of the AR is published. This solution would permit the RSO and its Garrison Retiree Council leadership to reach their constituency without having to deal with privacy act considerations.