



**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-MPL-RS (600-8-7)

23 April 2021

MEMORANDUM FOR CHIEF OF STAFF, ARMY

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

1. The sixty-first meeting of the Chief of Staff, Army Retired Soldier Council (CSARSC) was hosted at the Pentagon and was virtually attended by members from CONUS and OCONUS locations from 19-23 April 2021. The Council is established in accordance with Army Regulation 600-8-7, *Retirement Services Program* and is administered in accordance with its charter, which is approved by the Secretary of the Army. The Council is your voice of 1.25 million Retired Soldiers and surviving spouses, and as such, reviewed fifteen issues nominated by Installation Retiree Councils. Those issues are discussed in detail in Enclosure 4 (CSA Retired Soldier Council Installation Report).
2. Our Army has a valuable resource in over one million Retired Soldiers, who are eager to continue serving the Army. They can enable installation operations across the full spectrum as a volunteer force with expertise and talent. Retired Soldiers are civic leaders, business leaders and local advocates with connections in communities across the United States and abroad. The voices of Retired Soldiers are vital in telling the Army Story while telling our nation why and how the Army is relevant.
3. Our number one concern this year remains the ability to communicate with Retired Soldiers, surviving spouses, and their Families. We, the Army, are making progress, but are not over the goal line. During this continued pandemic, we learned that the Army's inability to communicate with and mobilize its retired community must still be fixed if you want us to contribute to Army readiness and execute our mission as Soldiers for Life. We need a closed loop system that allows access to our retired community at the local, regional, and national level. Currently there is not a viable solution for communications at the installation level. Garrison Commanders, and their Retirement Services Offices do not have access to mailing or email addresses, so they cannot communicate with Retired Soldiers. An innovative partnership must be explored, so we can develop a system without burdening the Army with a bill. Finally, erosion of health care benefits, more out of pocket costs for beneficiaries, and challenges at overseas locations are top concerns of our Retired Soldiers.

DAPE-MPL-RS

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

4. The message is clear to the Council that our Retired Soldiers want to contribute, continue to serve, and to remain relevant. They are not looking for handouts, but want to assist in missions including mentoring Veterans during their transitions to reduce stress and gain employment; connecting recruiters with guidance counselors; mentoring youth as JROTC instructors; serving as Casualty Assistance Officers for the spouses of other Retired Soldiers; and speaking at “Meet Your Army” or “National Hiring Days” events.

5. We extend our thanks and appreciation for the outstanding support and assistance provided by Mr. Mark Overberg, Ms. Maria Bentinck and the Army Retirement Services staff for their work throughout the year supporting our Retired Soldiers, surviving spouses, their families, and this Council. We also extend our thanks and appreciation to the entire group of distinguished guest speakers listed at Enclosure 1 for the invaluable information and insight they provided.

6. Thank you for recognizing the value of a continuing mission for those who no longer wear the uniform but still have the heart, skills, and capacity to contribute to the Total Force of the Army. The Council extends its gratitude to you and Sergeant Major of the Army Grinston for your demonstrated support of the Retired Soldier Council and those we represent.

**Daniel A.  
Dailey**

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**DANIEL A. DAILEY**  
Sergeant Major of the Army  
U.S. Army, Retired  
Co-Chairman

**David D.  
Halverson**

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D. Halverson  
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**DAVID D. HALVERSON**  
Lieutenant General  
U.S. Army, Retired  
Co-Chairman

Enclosures

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

## **GUEST SPEAKERS**

General James C. McConville, Chief of Staff, United States Army

Lieutenant General Gary Brito, Deputy Chief of Staff, G-1, United States Army

Lieutenant General Douglas M. Gabram, Commanding General, U.S. Army Installation Management Command

Lieutenant General Raymond S. Dingle, The U.S. Army Surgeon General and Commanding General U.S. Army Medical Command

Lieutenant General Ronald J. Place, Director Defense Health Agency

Lieutenant General Jason T. Evans, Deputy Chief of Staff, G-9, United States Army

Major General Michael C. O'Guinn, Deputy Chief of Army Reserve

Brigadier General Matthew D. Smith, Director, Operations, Readiness and Mobilization, Deputy Chief of Staff, G3/5/7, United States Army

Brigadier General Hope C. Rampy, The Adjutant General, U.S. Army Human Resources Command/Commanding General, Physical Disability Agency/Executive Director, Military Postal Service Agency

Brigadier General Patrick R. Michaelis, Deputy Commanding General, U.S. Army Recruiting Command

Brigadier General Roy J. Macaraeg, Deputy Director, Army National Guard

Colonel Vanessa Y. Moye, Director, Soldier for Life

United States Sergeant Major of the Army Michael A. Grinston, Sergeant Major of the Army

Sergeant Major Jeff Cereghino, Senior Fellow to the Department of Veterans Affairs

Mr. Mark E. Overberg, Director, Army Retirement Services

Ms. Julie R. Burandt-Partin, Director, Retired and Annuitant Pay, Defense Finance and Accounting Service (DFAS)

Ms. Patricia Cruz, Survivor Benefit Plan Program Manager

## 2021 CHIEF OF STAFF, ARMY RETIRED SOLDIER COUNCIL ROSTER

### CURRENT MEMBERS

#### NAME

#### INSTALLATION

#### Co-Chairmen

LTG David Halverson	At-Large
SMA Daniel A. Dailey	At-Large

#### Members:

MG Robert J. Kasulke	Fort Drum, NY
COL Many-Bears Grinder	Fort Campbell, KY
COL Karl M. Goetzke	USAREUR
COL Peter Hoffman	Fort Stewart, GA
COL Felix L. Santiago-Tores	Joint Base San Antonio, TX
CW5 Louise I.H. Goetzelt	Presidio of Monterey, CA
CSM Ralph J. Rusch	Yongsan, Korea
SGM Mitzi S. Hinton	Fort McCoy, WI
SGM Edward D. Mounts	Fort Sill, OK
SGM Michael A. Walker	Fort Lee, VA
MSG William K. Burns	Fort Leonard Wood, MO
MSG David M. Pearson	Fort Drum, NY

## **ONGOING ISSUES**

### **The CSARSC Continues to Work these Issues in Support of Retirees and their Family Members**

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. Continue to oppose the imposition of any fees on the TRICARE for Life beneficiaries.

**ISSUE 2021-01-01**

**INSTALLATION/GARRISON/ASCC Council:** Eighth Army and Areas I, II, III, and IV Retiree Councils, Korea

**SUBJECT:** Military Treatment Facility Referrals to Local Hospitals

**DISCUSSION:** Under new Defense Health Agency (DHA) policy, patients who are referred off-post for care are no longer provided referral assistance, regardless of location. However, for overseas Service Members, Civilians and Retirees, this service is sometimes quite necessary. In Korea for example, Military Treatment Facilities (MTFs) previously coordinated directly with local Korean hospitals for the patient. Since both facilities have a common medical knowledge base as well as common language capability through local national MTF employees, coordination is often seamless. This reduced assistance due to DHA policy is short-sighted in overseas regions and has caused additional stress and anxiety for patients who are in need of specialized care and are sent off-post to receive it.

**RECOMMENDATION:**

MTFs in Korea coordinate referrals with local Korean hospitals for care that cannot be obtained in the MTFs.

**APPROVED BY INSTALLATION/GARRISON/ASCC RETIREE COUNCIL CHAIRPERSON(S):**

LTC (USA, Ret) Pete Palombo, Co-Chairman Eighth Army Retiree Council, Korea  
CSM (USA, Ret) Ralph Rusch, Co-Chairman Eighth Army Retiree Council, Korea  
MSG (USA, Ret) Donald Wong, Co-Chairman Area I Retiree Council, Korea  
SFC (USA, Ret) James Williams, Co-Chairman Area I Retiree Council, Korea  
LtCol (USAF, Ret) Larry Hill, Co-Chairman Area II Retiree Council, Korea  
CDR (USN, Ret) Pavlos Kaltsas, Co-Chairman Area III Retiree Council, Korea  
WO2 (USA, Ret) Giac Ly, Co-Chairman Area III Retiree Council, Korea  
1SG (USA, Ret) Robert Ducksworth, Chairman Area IV Retiree Council, Korea

**CSA RETIRED SOLDIER COUNCIL COMMENTS:** The CSA Retired Soldier Council recognizes the merits of Military Treatment Facilities' capabilities to provide patients with assistance in arranging appointments with specialists and other providers whose medical expertise is unavailable at the MTF. The process is confusing and complicated, especially in an OCONUS location; referral assistance should be provided regardless of patient location. Moreover, patients are often overwhelmed at the prospect of being

Encl 4

referred to an unfamiliar civilian health care facility and having to navigate their referral and appointment systems. The referral process becomes more challenging when confronted overseas and a foreign language is encountered.

Regarding the specific conditions affecting Retired Soldiers in Korea, the Army's Staff comments, as coordinated with the Defense Health Agency and the supporting MTF, reflect that personnel working within the facilities may not be aware of their responsibilities or the entitlements of personnel regarding the referral process and resources. The CSA Retired Soldiers Council encourages the Defense Health Agency (DHA) to reinforce patient and local MTFs provider awareness of the referral process, eligibility, and requirements within local civilian medical care facilities.

**ISSUE 2021-01-02**

**INSTALLATION/GARRISON/ASCC Council:** Eighth Army and Areas I, II, III, and IV Retiree Councils, Korea

**SUBJECT:** Referrals to Specialty Clinics for Chronic Conditions

**DISCUSSION:** The Defense Health Agency (DHA) takeover of Military Treatment Facilities (MTF) has seen an increase in repetitive appointments and wasted primary care manager (PCM) time because of retirees and widows who must first obtain a PCM appointment each time they require routine and ongoing care at specialty clinics for chronic conditions. Prior to DHA, patients with chronic conditions only needed an initial referral to access a specialty clinic. Follow-up appointments could be made directly with the specialty clinics, especially for semiannual or annual checkups and durable medical equipment restocks. The new policy of repeated PCM appointments for essentially regular care for the same chronic condition is absurd and has curtailed needed care by placing roadblocks and artificial time lapses to treatment.

Since aged or afflicted patients are likely to have chronic conditions that require routine medical care at specialty clinics, forcing them to first make PCM appointments for each visit, taxes an already austere system that seriously considers whether to cut retiree treatment because of resource constraints. Eliminating this illogical requirement will free PCM appointment time and increase their collective ability to see other patients.

As stated above, this absurd and monumental waste of PCM time and available appointments creates the situation where DHA now openly states they are unable to see retirees and widows because they do not have enough physicians available. Common sense dictates if DHA drops the requirement, it will help alleviate the physician shortage.

**RECOMMENDATION:** DHA revert back to the MTF policy of a onetime initial referral required for specialty clinic care of chronic conditions.

**APPROVED BY INSTALLATION/GARRISON/ASCC RETIREE COUNCIL  
CHAIRPERSON(S):**

LTC (USA, Ret) Pete Palombo, Co-Chairman Eighth Army Retiree Council, Korea  
CSM (USA, Ret) Ralph Rusch, Co-Chairman Eighth Army Retiree Council, Korea  
MSG (USA, Ret) Donald Wong, Co-Chairman Area I Retiree Council, Korea  
SFC (USA, Ret) James Williams, Co-Chairman Area I Retiree Council, Korea  
LtCol (USAF, Ret) Larry Hill, Co-Chairman Area II Retiree Council, Korea  
CDR (USN, Ret) Pavlos Kaltsas, Co-Chairman Area III Retiree Council, Korea  
WO2 (USA, Ret) Giac Ly, Co-Chairman Area III Retiree Council, Korea  
1SG (USA, Ret) Robert Ducksworth, Chairman Area IV Retiree Council, Korea



**CSA RETIRED SOLDIER COUNCIL COMMENTS:** The examination of the Army Staff's findings depict that no change has been implemented to require multiple visits with a Primary Care Manager (PCM) for a beneficiary's chronic conditions' specialty care referral beyond initial authorization. There may be unique exceptions established by policy requiring PCM authorizations relating to diagnostic testing and additional medical procedures. The CSA Retired Soldier Council recommends the Defense Health Agency (DHA) reinforce patient and local MTFs provider awareness of the referral process, eligibility, and requirements within local civilian medical care facilities.

The referral process is complex and may be detrimental to the patient's clinical outcome if not properly managed. When a patient is referred to a specialist for treatment, the specialized provider should be able to determine the specific specialty care that he/she thinks is best for the patient's specific problem (i.e., scheduling procedures, treatment, appointment for testing, and follow up visits). In order to provide adequate care for Retired Soldiers and their Families, it is important that the military treatment facilities (MTFs) seek effective and efficient means to provide care to use limited resources wisely. Medical providers' time is limited and wasting appointments merely to obtain recurring referrals is not a good use of their valuable time. Primary Care Managers (PCMs) should be able to make a one-time referral to a specialty clinic for patients with chronic conditions allowing the patient to then work directly with the specialty clinic, rather than returning to the PCM every 6-12 months for recurring follow-up appointments and durable medical equipment. With DOD and DHA reducing medical staff it is imperative that the limited staff be used efficiently.

## **ISSUE 2021-01-03**

**INSTALLATION/GARRISON/ASCC Council:** Fort Drum, NY Retiree Council

**SUBJECT:** Impact on Retiree Community by Proposed Reduction in Medical Professionals

**DISCUSSION:** The U.S. military is considering major reductions in its medical corps, causing concern in the retiree community that the cuts will negatively impact the armed forces' ability to adequately care for health problems of military personnel at home. It has been reported that Department of Defense had drafted proposals to convert more than 17,000 medical positions into fighting and support positions — a 13 percent reduction in medical personnel. The reductions may also limit the military's medical humanitarian assistance and relief for foreign natural disasters and disease outbreaks.

The military health system is responsible for more than 1.4 million active duty and 331,000 reserve personnel, with 54 hospitals and 377 military clinics around the world. Split among the Navy, Army and Air Force, each with its own doctors and hospitals, the service has been identified for years for overhaul to reduce redundancies and save costs. The department has already started moving administrative functions under one bureaucracy, called the Defense Health Agency, which is slated to take over the service branch hospitals in 2021.

Military healthcare providers between deployments maintain their clinical skills by treating service members and millions of beneficiaries. The military may have trouble turning to civilian doctors in some regions given physician shortages, which the military cuts would intensify. Proposed personnel reductions of such magnitude will affect military medical training platforms. It takes years to educate physicians, and there are projections of physician shortages.

Beneficiaries, including active duty families who receive care at Military Treatment Facilities (MTFs), may be forced to seek it in the TRICARE networks. Pediatric and obstetric care - which are now available to these beneficiaries - may disappear from the MTFs. Lab and pharmacy services, along with radiology, may be greatly reduced. It is reported that TRICARE Prime retirees are being re-enrolled from MTFs into the civilian networks, resulting in them being charged with new, and higher, co-payments.

**RECOMMENDATION:** We support the position of the secretaries of the Army, Navy and Air Force, along with the branch chiefs of the Army, Navy, Air Force, Marine Corps and Space Force, who are calling for the return of all military hospitals and clinics already transferred to the DHA and suspension of any planned moves of personnel or resources.

**CSA RETIRED SOLDIER COUNCIL COMMENTS:** The CSA Retired Soldier Council understands the legislatively mandated examination of potential Army reduction of medical resources and that no medical force structure changes are to be implemented until a comprehensive impact analysis is completed and reported to Congress. As the

Army evaluates the implications of medical force reductions on the active force, the CSA Retired Soldier Council recommends that the ongoing examination consider the impact on Retired Soldiers and their Families as well. The Council supports the Army's ongoing analysis efforts to determine the impact of medical force structure reductions and mitigation measures to lessen potential negative effects on military readiness. The continuing evaluation as well as treatment of Retired Soldiers with chronic and complex conditions with MTFs provides the military medical personnel the ability to preserve and improve certain skill set proficiency. A decrease in Retired Soldier patients within MTFs is bound to degrade the experience of treating physicians and their ability to achieve training and certification requirements.

Continued access to military medical facilities and services is a promise that must be kept. Nevertheless, the current system directed by Congress requires that retirees and their spouses obtain Medicare at age 65 which will become their primary health insurance with TRICARE for Life as the secondary payer. The military's end strength is dictated by law, without consideration of the specialty of individual service members. The military is reducing medical staff to increase combat forces within budget constraints. Reduced defense budgets would likely limit the availability of care at MTFs for military retirees. However, military retirees and their families are able to use local medical facilities with the required standards of care using TRICARE and Medicare. In most cases, if in CONUS, they are able to access better local medical care quicker than if using the MTFs. Prescription refills can still be obtained from the local MTF or by Home Delivery. OCONUS retirees and their families have different considerations where the local MTF's standards of care are often higher than the local foreign medical facilities.

## **ISSUE 2021-01-04**

**INSTALLATION/GARRISON/ASCC Council:** Fort Drum, NY Retiree Council

**SUBJECT:** Oppose the Imposition of any Increase in Fees on the TRICARE for Life Non-working Age Beneficiaries

**DISCUSSION:** The Defense Department is in the midst of myriad cost-savings reviews, with the health system key among them. At the same time, the military health system has already begun a major reorganization. TRICARE for Life remains a target for fee and cost increases. Any TRICARE for Life increase in fees would create an unfair burden for non-working age retired military Families.

To be eligible for TRICARE for Life, beneficiaries are required to be enrolled in Medicare Part A and are required to **PURCHASE** Medicare Part B. It is important to recognize that TRICARE for Life is therefore not “free.” Medicare Part B beneficiaries faced an increase in 2020 of \$9.10 a month to \$144.60 for the standard monthly premium. The increase comes after the Part B premium for most individuals rose in 2019 to \$135.50, from \$134 in 2018.

Retirees and surviving spouses and their Families have experienced and continue to experience significant cost-share increases for their TRICARE benefits. They have seen increases in pharmacy costs, copayments, catastrophic caps, and annual deductibles. As an example, pharmacy costs increased in 2020 anywhere from 13% to 42%. Beneficiaries also saw their prescription fees rise in 2018 and 2019. These fees will accumulate and continue to rise annually until 2027.

Retirees have experienced their out-of-pocket costs for healthcare rise significantly. Continued increases could cause some patients to inadvertently lose coverage if they neglected or were unable to pay the fees, which might negatively affect their health.

Tricare for Life beneficiaries are mostly comprised of non-working age retirees, additional health care costs places hardship on these Families.

Current retirees joined and remained in the military with the understanding that they would receive free or very low-cost medical care in retirement. Imposing new cost sharing might cause some to drop their TRICARE coverage and become uninsured; it also could adversely affect military retention.

We must keep in mind the price a military retiree and their Family has paid up front for their healthcare with their service and sacrifice.

**RECOMMENDATION:** Oppose any additional fees or increase in fees for TRICARE for Life non-working age beneficiaries. Military retirees, through their service and sacrifice, have paid in full for their TRICARE for Life benefit.

**CSA RETIRED SOLDIER COUNCIL COMMENTS:** As the Army Staff research indicates, there are no current enrollment fees or premiums for the TRICARE for Life (TFL) plan. The use of TFL is based on the retiree having Medicare Part A and Medicare Part B. Medicare Part A costs are paid for by payroll taxes when the retiree was working. Medicare Part B has a monthly premium. The cost is determined/defined annually as per U.S.C. 1075 and 32 CFR 199.17. According to the TRICARE program, a retiree with TFL only pays a deductible and health plan costs whenever a service is covered by TRICARE but not by Medicare. If using TFL OCONUS, Medicare does not provide coverage and after the \$150 deductible is met, TRICARE covers 75% up to the \$3,000 catastrophic cap.

Although changes to new fees or deductibles are not known, any subsequent potential increases due to budgetary constraints would likely have a negative effect on non-working retirees with minimal annual pay cost of living increases. For example, the NDAA FY 19 included co-payments increases for mail order and retail pharmacy prescriptions effective 1 January 2020. These changes impact military retirees who are in the non-working category. The CSA Retired Soldier Council recommends the Service Branches support opposition or limit potential increases. Similarly, retirees should elevate concerns of detrimental changes in the law through legislators.

**ISSUE 2021-01-05**

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

**SUBJECT:** Suicide rate for Retired Soldiers

**DISCUSSION:** Current suicide rates for Retirees are not being tracked. Current methods for the Department of Veterans Affairs only track the total Veteran population and some do not account for National Guard or Reservists who were not federally mobilized. Understanding suicide is paramount to the survivability of our Armed Forces to include attracting new recruits as the mission continues. To better aid our Retired Soldiers, we must also take on the suicide rates for the Retired Soldier population and ensure proper services are available to help Retired Soldiers in their darkest hours.

**RECOMMENDATION:** Institute the tracking in regards Retired Soldiers in the suicide. By including Retired Soldiers, this will better prepare our Army's medical facilities to ensure proper caregivers are in place to assist these Retired Soldiers.

Having a Retired Force able to be mobilized for activities in support of the Army, we must keep this force mentally prepared, and the first step is tracking the Retired Soldier suicide rate.

**APPROVED BY INSTALLATION/GARRISON/ASCC RETIREE COUNCIL  
CHAIRPERSON(S):**

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

SGM (Ret) Edward D. Mounts, Co-Chairman, Fort Sill, OK Retiree Council

**CSA RETIRED SOLDIER COUNCIL COMMENTS:** The CSA Retired Soldier Council members concur that a gap in tracking retiree data as a subset of the Veteran population exists. Ascertaining patterns within former members of the career military force may provide insights that can be addressed in outreach programs for transitioning members and for retirees. However, as to the viability of an Army-driven outreach program for Retired Soldiers, the Council understands the logistics required to track potential training of Retired Soldiers or expanding current outreach programs would pose insurmountable challenges that are beyond the capability of the Army for the given population. Moreover, the CSA Retired Soldier Council understands the limitations of the Army in attempting to generate or evaluate data beyond its resourcing capabilities.

The CSA Retired Soldier Council also recognizes the challenges tracking such data may pose for the Veterans Affairs (VA). However, the Council members are aware of evolving collaboration between VA and the Department of Defense (DOD) that may help to advance work in this area. Thus, the CSA Retired Soldier Council members recommend the Army support DOD and VA collaborative work on enhancing the visibility of an apparent gap in knowledge in this regard. Additionally, recommend Army raise awareness of the continuing importance of the "Battle Buddies" approach for Retired Soldiers.

**ISSUE 2021-02-06**

**INSTALLATION/GARRISON/ASCC Council:** Eighth Army and Areas I, II, III, and IV Retiree Councils, Korea

**SUBJECT:** Indefinite Retiree Cards Before Age 65

**DISCUSSION:** Previously, under a decades-long standing policy, retirees were issued a retiree ID card with an indefinite expiration date upon retirement. A few years ago, the Department of Defense changed this policy and retiree ID cards now expire the last day of the month before the retiree turns age 65. The logic behind this was to ensure the retiree signed up for Medicare Part B. But while the original policy may apply generally, it does not take into account retirees who go onto Medicare Part B prior to their 65<sup>th</sup> birthday due to disabilities or other qualifying reasons. For example, if a retiree obtains Social Security Disability at age 60, that individual is automatically enrolled in Medicare Part B two years later at age 62, making the retiree a TFL beneficiary before age 65. At this point the retiree should be able to obtain the indefinite ID card instead of waiting until age 65.

**RECOMMENDATION:**

Issue retiree ID cards with an indefinite expiration date to all retirees enrolled in Medicare Part B and TFL regardless of their age.

**APPROVED BY INSTALLATION/GARRISON/ASCC RETIREE COUNCIL CHAIRPERSON(S):**

LTC (USA, Ret) Pete Palombo, Co-Chairman Eighth Army Retiree Council, Korea  
CSM (USA, Ret) Ralph Rusch, Co-Chairman Eighth Army Retiree Council, Korea  
MSG (USA, Ret) Donald Wong, Co-Chairman Area I Retiree Council, Korea  
SFC (USA, Ret) James Williams, Co-Chairman Area I Retiree Council, Korea  
LtCol (USAF, Ret) Larry Hill, Co-Chairman Area II Retiree Council, Korea  
CDR (USN, Ret) Pavlos Kaltsas, Co-Chairman Area III Retiree Council, Korea  
WO2 (USA, Ret) Giac Ly, Co-Chairman Area III Retiree Council, Korea  
1SG (USA, Ret) Robert Ducksworth, Chairman Area IV Retiree Council, Korea

**CSA RETIRED SOLDIER COUNCIL COMMENTS:** The CSA Retired Soldier Council supports the issuance of an Identification Card with an indefinite expiration date to a Retired Soldier when he/she enrolls Medicare Part B or turns age 65, whichever occurs first.

Recognizing the imperative of having a checkpoint to ensure retired Soldiers are thoroughly briefed on the criticality of enrollment in Medicare Part B as a requirement to maintain TRICARE For Life, this recommendation does not compromise this valuable opportunity for face-to-face engagement and offers multiple advantages if implemented. First, there is an opportunity to gain immediate efficiencies and savings in the issuing of

ID Cards. Second, adoption of the recommendation will also reduce the challenges that many of the physically impaired Retired Soldiers who fall into this category face would face when travelling to the nearest military issuing facility on multiple occasions.



**ISSUE 2021-02-7**

**INSTALLATION/GARRISON/ASCC Council:** Fort Detrick Military Retiree Council

**SUBJECT:** Manpower authorization to support Retired Soldiers in the Fort Detrick geographical area

**DISCUSSION:** The Fort Detrick Military Retiree Council was originally established in 1995. Normal retirement services at Fort Detrick, to include a designated RSO, a Newsletter, an annual RAD, and an appointed Council were terminated in 2015. In November 2017 the Fort Detrick Garrison Commander authorized the reappointment of a Council while explaining that manpower and fiscal constraints prevented him from restoring any services that would require financial or human resources. According to available data the catchment area zip codes contain an estimated 15 thousand retired service members and surviving spouses eligible for Retired Services support. The area includes parts of West Virginia, Virginia, Maryland and Pennsylvania. At present the closest available support is either at Carlisle Barracks or Ft Meade, both at considerable distance for most beneficiaries. Fort Detrick is centrally located in Frederick, MD to provide services and has long been the traditional focus of support for the retired community.

**RECOMMENDATION:** The Fort Detrick Garrison Commander be provided adequate manpower resource authorization to support the eligible retired Army community.

**CSA RETIRED SOLDIER COUNCIL COMMENTS:** The CSA Retired Soldier Council recognizes the criticality of adequately resourcing the positions for Retirement Services Officers (RSOs) across the Army footprint in order to provide necessary retirement services to the Retired Soldiers who served with honor and fidelity. While the Fort Detrick Military Retiree Council validly raises concerns on support to retired Soldiers in their specific area, this is actually an issue that impacts retiree services throughout the Army. In many locations, Retired Soldier volunteers are called upon to close the shortfall between service requirements and resourced RSO positions. To effectively address this issue, the CSA Retired Soldier Council supports a requirement for the Commanding General, U.S. Army Installation Management Command (IMCOM), to review the resources the Command is required to provide under the provisions of para 2-5, AR 600-8-7, (Retirement Services Program), for retirement services at IMCOM - managed Army installation as enumerated in Appendix B, Retirement Services Areas of Responsibility, AR 600-8-7, and to provide the results of the review to the Chief of Staff, Army.

**ISSUE 2021-02-8**

**INSTALLATION/GARRISON/ASCC Council:** Presidio of Monterey, CA Retiree Council

**SUBJECT:** Retiree Access to Current Army Issues

**DISCUSSION:** Many retirees either never had or no longer have army.mil email accounts, therefore they have no or limited access current information on at least some issues affecting retirees. Retirees are also interested in issues that affect those currently serving.

**RECOMMENDATION:** There should be a way to give army.mil email accounts to retirees who request them or modify the information access points to accept nonmilitary emails with some type of verification procedure. This would significantly enhance retiree access to unclassified issues and information about them.

**APPROVED BY INSTALLATION/GARRISON/ASCC RETIREE COUNCIL  
CHAIRPERSON(S):**

1SG (Retired) James C. Bogan, Chairperson

**CSA RETIRED SOLDIER COUNCIL COMMENTS:** The CSA Retired Soldier Council supports the development of a reliable way to communicate effectively with Retired Soldiers and Army Annuitant population. The Council strongly supports current Army and multi-Service initiatives to work to expand the scope and ease of use for electronic communications. Beyond the current Retired Soldier Blog (administered by the HQDA RSO), a range of “push” products is required that would communicate Army-wide as well as Garrison-focused information. In all efforts, the CSA Retired Soldier Council urges staff to diligently protect Retired Soldiers’ Personally Identifiable Information (PII) through both training of persons with access to the PII and systems that provide “fail safes” to inappropriate disclosures.

For communications which impact the entire population of Retired Soldiers and Annuitants, the establishment of a centrally-managed list server, linked with DFAS or DEERS databases, would satisfy this need which was most recently seen during the COVID19 pandemic.

For Garrison level communications, the establishment of a centrally-managed but de-centrally accessible means of communication with local Retired Soldiers and Army Annuitants would both satisfy the need for tailored communications and absolute security for PII.

**ISSUE 2021-02-09**

**INSTALLATION/GARRISON/ASCC Council:** West Virginia Retired Military Council - West Virginia National Guard

**SUBJECT:** Enhanced recognition of Army Spouses at retirement

**DISCUSSION:** The West Virginia Retired Military Council recommends the development and authorization of a lapel pin similar to the Retired Soldier for Life pin specifically for Spouses of retiring Soldiers. In that their contributions to the success of the Soldier and the installation are currently noted through certificates and coins, there is nothing that they can display to be recognized in public. Retired Soldiers wear their Retired Soldier For Life lapel pin, and often one of their lapel pins from their highest award. The spouse contributes not only to the career of the Soldier but in support of the installation, local units and the community of families on those installations. This is a force multiplier that is critical in not only securing Army capabilities, but in adding to the traditions of the service. In that it is an honor to serve and retire in the Army, that service applies to the spouse as well as the Soldier and merits something similar to the Retired Soldier For Life pin but specific to the spouse.

**RECOMMENDATION:** That the Chief of Staff of the Army Retired Soldier Council support the implementation and design of a lapel pin for retired Soldier Spouses with the recommendation that the CSA approve the establishment and awarding of this special recognition.

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

**CHAIRPERSON(S):**

CW5 (Ret) Thomas A. Goff, Chairman, West Virginia Retired Military Council

LTC (Ret) Jerry L. Wood, Vice-Chairman, West Virginia Retired Military Council

**CSA RETIRED SOLDIER COUNCIL COMMENTS:** The CSA Retired Soldier Council shares and endorses the estimation of West Virginia Retired Military Council and The Adjutant General, West Virginia National Guard, that military spouses have been critical to the Army's mission success from our Nation's earliest days to now, dedicating countless hours of support throughout their Soldiers' careers, often with little to no recognition. For this reason, the CSA Retired Soldier Council urges further study of the manner in which such a lapel pin would fit into current spousal recognition and award programs, the potential value of the lapel pin as part of Army recruiting and retention efforts, item cost and design, and retroactive distribution to spouses of previously Retired Soldiers. Spouse input should be actively sought. The working group which is slated to establish an Army-wide standard for the ARSCP would be the appropriate group to examine the creation of such a recognition device.

**ISSUE 2021-02-10**

**INSTALLATION/GARRISON/ASCC Council:** Army in Europe Retired Soldier Council

**SUBJECT:** Army Retiring Soldier Commendation Program (ARSCP) Package

**DISCUSSION:** In 2019, U.S. Army Installation Management Command (HQ IMCOM) made a decision to decentralize to its garrisons the management of the Army Retiring Soldier Commendation Program package. This decentralization proved to be inefficient and lacked the quality, uniformity and appropriate recognition of our Army Retired Soldiers and their Families (Active, USAR and ARNG) on the occasion of their retirement. It is this Council's understanding that IMCOM has reversed their decision to decentralize the management of the ARSCP and has entered a contract with a vendor to provide a standardized ARSCP package.

Because of the long transition time between HQ IMCOM's ARSCP contracts, our local Transition Offices charged with providing ARSCP packages to Retiring Soldiers within Germany have not received a new shipment of ARSCP packages in over a year. The ARSCP stocks at the garrisons in IMCOM-Europe's footprint are low to non-existent and packages are now having to be assembled using less professional means.

**RECOMMENDATION:** HQ IMCOM provide an update on the status of fielding ARSCP packages to all Garrisons.

**APPROVED BY INSTALLATION/GARRISON/ASCC RETIREE  
COUNCILCHAIRPERSON(S):**

LTC (ret) David Fulton, Co-Chair, Army in Europe Retired Soldier Council

COL (ret) Karl Goetzke, Co-Chair, Army in Europe Retired Soldier Council

**CSA RETIRED SOLDIER COUNCIL COMMENTS:** The CSA Retired Soldier Council received the following update on Army Retiring Soldier Commendation Program (ARSCP) prior to the Council's meeting: AMC/IMCOM, working in conjunction with G1, Army, will establish a working group consisting of representatives of NGB, OCAR, HRC, and AMC/IMCOM to establish an Army-wide standard for the ARSCP that will honor Soldiers' many years of faithful service at the time of their retirement. With working guidance from G1, Army, that the ARSCP should be presented in a form worthy of our nation's flag, the working group is set to begin their study as soon as possible. With confidence in the collaborative effort of this working group, the CSA Retired Soldier Council also strongly urges centralized, HQDA funding of the ARSCP to ensure the goal of fiscal stability, consistency, and continuity for this crucial program across all components.

**ISSUE 2021-03-11**

**INSTALLATION/GARRISON/ASCC Council:** Eighth Army and Areas I, II, III, and IV Retiree Councils, Korea

**SUBJECT:** Army Retiree and Widow Use of AKO E-mails

**DISCUSSION:** The Army discontinued retiree and widow use of AKO e-mail accounts in March 2014. As stated in the *Annual Report of the Chief of Staff, Army Retired Soldier*, 24 July 2020, to the Chief of Staff, Army, "Our number one concern this year is communicating with Retired Soldiers and their Families." A good way to communicate with retirees and widows in today's world is through e-mail. Having an AKO e-mail account would create a means to communicate with retirees while ensuring the retiree/widow's identity is verifiable. Moreover, this e-mail address can then also be used for all official websites including DFAS, DA, DoD, VA, etc. Using locally created email accounts on various networks creates a security risk and is unverifiable.

As a force multiplier, the retiree population adds value to the Army mission, particularly in recruitment and volunteerism. The best means through which to communicate with this asset is AKO. AKO is a more secure and safer system than any commercial platform. By using AKO, retirees can securely access information and communicate issues relating to pay, benefits, and other matters. In addition, retirees had used and would use AKO to locate other retirees, correspond with their branches (i.e., Corps of Engineers, etc.), and mentor active duty personnel. As volunteers in local communities, retirees would use AKO accounts for organizing and coordinating their many service and support activities. For example, the Eighth Army CY13 Volunteer Program receives volunteer hours almost exclusively due to the continual dedication of our retirees. An AKO account would make managing this program this easier. Furthermore, local retiree councils would use AKO as a principle means of communicating issues and publishing information.

On numerous occasions a retiree was the principle communicator via the internet for a family or group, especially when overseas or when dealing with a foreign-born spouse who lacks the required English language proficiency to navigate the web. A secure AKO account would be instrumental in such situations. Lastly, as more and more retirees and widows fall victim to identity theft through countless scams and internet fraud, an AKO account would go a long way in preventing such travesties.

**RECOMMENDATION:** The Army permit retirees, their spouses, and widows/widowers the use of AKO e-mail accounts.

**APPROVED BY INSTALLATION/GARRISON/ASCC RETIREE COUNCIL  
CHAIRPERSON(S):**

LTC (USA, Ret) Pete Palombo, Co-Chairman Eighth Army Retiree Council, Korea  
CSM (USA, Ret) Ralph Rusch, Co-Chairman Eighth Army Retiree Council, Korea

**CSA RETIRED SOLDIER COUNCIL COMMENTS:** The CSA Retired Soldier Council acknowledges this is a long-standing unresolved issue that must be addressed. Giving RSOs access to email and mailing addresses as maintained by DFAS and DMDC will save significant funding while increasing connectivity to the Retired Soldiers population, and will significantly reduce the communications gap created with the discontinuation of AKO. While the CSA Retired Soldier Council applauds the Army and DOD in their efforts thus far towards solving this issue, the CSA Retired Soldier Council emphasizes its adverse impacts and urges continued efforts to expeditiously resolve this matter.

## **ISSUE 2021-03-12**

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

**SUBJECT:** Communicating with Retirees, and Surviving Spouses in order to maintain and have the ability to mobilize the Retired Soldier population, and ensure appropriate and timely information is made available to Retired Soldiers and Surviving Spouses.

**DISCUSSION:** Retired Soldiers are the largest cohort in the Army consisting of over 995,000 members; however, they are unable to be operationalized at the DA or local levels, due to the inability to provide appropriate communication methods. Retired Soldiers have been requested by HQDA to assist with Casualty Assistance, Recruiting, Publicity and numerous other areas in order to be a multiplier to the force. Every Retirement Service Office has a regulatory requirement (AR 600-8-7) to communicate with the Retired Soldiers in its geographic area. Currently Retirement Services Officers (RSOs) do not have the ability to acquire or maintain the necessary contact information required, such as email or mailing addresses for retirees and surviving spouses, to meet its regulatory requirements. Current USPS mailing addresses have been compiled and used by installation RSO's to provide annual news bulletin mailings, resulting in a large percentage being returned as the addresses are not current. While email and mailing addresses are maintained by DMDC and DFAS, these offices refuse to provide this information to installation RSO's.

The current COVID pandemic resulted in communications that needed to be provided to the retiree community; these communications were unsuccessful due to the reasons above. Due to the current pandemic, instant communication is critical and crucial, due to numerous changes in installation access, services provided, to include medical care. Because of this pandemic, HQDA needed to solicit assistance from the Soldiers for Life, not only to ensure our currently serving members but communities across the United States to aid in the Army mission. HQDA cannot ask Retired Soldiers to help if they are unable to reach them. For these reasons the Fort Sill Retiree Council has developed the following four recommendations or options.

### **RECOMMENDATION:**

- (1) Restore AKO access and CAC identification cards to all Retired Soldiers.
- (2) Allow CAC identification cards be issued to members of the CSARSC and Installation Retired Soldier Council Executive Board members (Chair, Co-Chair, and Secretary), to improve communication with Department of the Army, Installation leadership, and other agencies within DoD.
- (3) MyPay add an opt-in/opt-out for Retired Soldiers to allow access to USPS mail and email addresses.
  - a. Require retirees to update contact information annually through MyPay before access is granted to the W-2.

- b. Add opt-in/opt-out, allowing retiree to make public or keep private their contact information.

If Retired Soldiers are part of the team, email communication is required. Without this, is there any value in having Retired Soldiers?

(4) Allow retired member access to the DoD White Pages, which is only currently accessible using CaC login and military email.

- a. Establish access using MyPay or DSN login.
- b. Allow for email to be updated to reflect civilian email address
- c. Require retirees to update contact information annually through MyPay before access is granted to the W-2.
- d. Add opt-in/opt-out, allowing retiree to make public or keep private their contact information.

(Note: Opt-in would authorize local RSOs to keep retiree's updated on RADs, pertinent installation changes, legal assistance, FMWR usage, installation health care updates, and annual newsletters (required by regulation) etc. Opt-out would not allow for their email address to be shared with the RSOs, but would ensure MyPay and DMDC would have accurate information.

**APPROVED BY INSTALLATION/GARRISON/ASCC RETIREE COUNCIL  
CHAIRPERSON(S):**

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

SGM (Ret) Edward D. Mounts, Co-Chairman, Fort Sill, OK Retiree Council

**CSA RETIRED SOLDIER COUNCIL COMMENTS:** The CSA Retired Soldier Council acknowledges this is a long-standing unresolved issue that must be addressed. Giving RSOs access to email and mailing addresses as maintained by DFAS and DMDC will save significant funding while increasing connectivity to the Retired Soldiers population. While the CSA Retired Soldier Council applauds the Army and DOD in their efforts thus far towards solving this issue, the CSA Retired Soldier Council emphasizes its adverse impacts and urges continued efforts to expeditiously resolve this matter.



**ISSUE 2021-03-13**

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

**SUBJECT:** Improving communication with Retired Soldiers, Gray Area Soldiers and their Survivors

**DISCUSSION:** AR 600-8-7 directs that the installation Retiree Services Office (RSO) will be responsible for the pre- and post-retirement services of "Retired Soldiers, Gray Area Soldiers, and Surviving Spouses for life". The RSO is considered the Subject Matter Expert (SME) in the areas of retired pay and the Survivors Benefits Program (SBP), "and will advise Retired Soldiers about current laws, policies, and programs that affect them" (Ch. 5, sec 1, para 5-1). This would mean, for example, that if Fort Stewart intended to notify Retired Soldiers of a significant change in their benefits, the installation would need to communicate with approximately 70,000 retirees residing in their geographic area of responsibility (AOR). In order to do so, the RSO would require the budget funds to print, collate and mail by USPS the benefit change information. A recent single mailing to 66,000 addresses cost \$28,000. This approach would most certainly be cost-prohibitive if several mailings were required each budget year. An alternative method would be sending out the information using email addresses, a highly cost-efficient and effective method of communication. However, the RSO might be unable to actually use either of the previous methods because: 1) budgets are shrinking and future funding may not be available to "snail mail" 70,000 retirees, and 2) even if funds were available, the installation does not have access to databases that contain the contact information required (mailing and/or email addresses) for those AOR Retired Soldiers, Gray Area Soldiers, or Surviving Spouses. The need to allow for greater digital communication with the Retired Community has never been more important or necessary. In its Memorandum to the Chief of Staff, Army dated 24 July 2020, the Chief of Staff Retired Soldier Council (CSARSC) stated, "Our number one concern is communicating with Retired Soldiers and their Families". During this historic pandemic, we learned that the Army's inability to communicate with its retired community must be fixed if you want us to contribute to Army readiness and execute our mission as Soldiers for Life. This public health emergency, a work-a-round with the Defense Finance and Accounting Service (DFAS) enabled contact with Retired Soldiers at a national level and resulted in a successful outcome of garnering 27,000 volunteers willing to be recalled to active duty in support of SARS-CoV-2 pandemic operations. Work-a-rounds are certainly not practical for use by garrison commanders for communicating with the retired community on matters of importance to them. For this reason, garrison commanders need access to contact data for ALL Retired Soldiers, Gray Area Soldiers, and Surviving Spouses in their area. This data is maintained by the Defense Manpower Data Center (DMDC) and DFAS, but to date has only been available to RSOs on an individual retiree basis. And even on an individual basis, it has

become harder for RSOs to obtain retiree contact information. For example, in the past RSOs were able to use the DMDC Retiree Address Finder (RAF) data base to obtain contact information on individual retirees. However, last summer the DMDC decommissioned the RAF database essentially removing that source of retiree contact information from the RSOs. The issue of privacy has frequently been raised as a concern about providing the collective contact information to the RSOs without having prior approval from the retirees affected. A 2020 Issue submitted by the Fort Campbell Retiree Council (FCRC) to the (CSARSC) could provide a workable solution to these concerns. FCRC proposed that DFAS utilize the MyPay System to provide the Retired Soldiers with an opt-in/opt-out selection to choose whether their email/ mailing addresses could be provided to their RSO to be used expressly for the delivery only of pertinent retirement information of importance to the military retiree or survivor. The opt-in/opt-out selection could also request verification of current email address on file with DFAS or request entry of new email address.

**RECOMMENDATION:** In order for RSOs to reasonably accomplish their AR 600-8-7 responsibilities, it is recommended that CSARSC promote and support the following actions:

- 1) that DFAS incorporate into its MyPay system an option permitting DFAS to release Retired Soldiers and their Survivors email /mailing addresses to the RSO whose garrison has responsibility for providing post-retirement services for the purpose of retirement issues notifications,
- 2) that DMDC develop a similar process for querying Gray Area Soldiers and survivors not receiving SBP payments for permission to give their contact information to the RSO responsible for providing pre- and post-retirement services to them,
- 3) that DFAS be directed by the office of the Secretary of Defense (OSD) to provide RSOs with a listing of email/ mailing addresses of all retirees and survivors residing in their AOR, and that the list be updated periodically,
- 4) that DMDC be directed by OSD to provide RSOs with a listing of email/ mailing addresses of all Gray Area Soldiers and Survivors not receiving SBP payments, and that the list be updated periodically
- 5) that DMDC recommission the RAF database for RSO usage, and
- 6) that it is understood that the contact data information will be released to the RSOs only for their use and consistent with the Privacy Act of 1974.

**APPROVED BY THE INSTALLATION/GARRISON/ASCC RETIREE COUNCIL  
CHAIRPERSON(S):**

COL (R) Peter F. Hoffman, Co-Chairman, Fort Stewart, GA Retiree Council

CSM (R) Tommy A. Williams, Co-Chairman, Fort Stewart, GA Retiree Council

**CSA RETIRED SOLDIER COUNCIL COMMENTS:** The CSA Retired Soldier Council acknowledges this is a long-standing unresolved issue that must be addressed. Giving Retirement Services Offices access to email and mailing addresses as maintained by DFAS and DMDC will save significant funding while increasing connectivity to the Retired Soldiers population. While the CSA Retired Soldier Council applauds the Army and DOD in their efforts thus far towards solving this issue, the CSA Retired Soldier Council emphasizes its adverse impacts and urges continued efforts to expeditiously resolve this matter.

**ISSUE 2021-03-14**

**INSTALLATION/GARRISON/ASCC COUNCIL:** Army in Europe Retired Soldier Council

**SUBJECT:** Improving Communication to Retired Soldiers and Annuitants

**DISCUSSION:** The Department of Defense and our Army are unable to communicate effectively with all Retired Soldiers and Annuitants in a manner that is both timely and complete although there are legal requirements to do so. This is because there is no governmental entity held accountable for maintaining, and making effective use of, a database containing all the physical and email addresses for our military Retiree population. It is this Council's belief that the Defense Manpower Data Center (DMDC), as the agency that currently maintains the necessary data, is best positioned, and should be required to develop systems to allow DoD and the Services to deliver timely communication to all Retirees and Annuitants via both physical mail and email.

Throughout the ongoing COVID-19 pandemic, there have been multiple times when communication with all military Retirees was essential. Each time, because DoD lacked a comprehensive communications methodology, DoD's and Army's methods used to reach Retirees was haphazard and disjointed. Looking solely at the Army's 1,000,000 Retired Soldier population who are drawing Retired Soldier pay, using military medical facilities, commissaries, PXs, and influencing the next generation of servicemen and women, one can easily grasp that an inability to communicate to this large and influential community can lead to a degradation in the readiness of our All-Volunteer Force.

There are already existing DoD instructions and directives in place that direct Service Secretaries to communicate with Retirees and Annuitants. These include DODI 1332.42, SBP Administration, in which DOD directs the Service Secretaries to inform their Retirees and SBP Annuitants about SBP. Given the 3-year implementation of the elimination of the SBP-DIC Offset (<https://www.dfas.mil/RetiredMilitary/survivors/SBP-DIC-News/>) and a possible future open season for SBP, it is difficult to imagine a Secretary can accomplish the mission without a comprehensive database and communications methodology. There is also a DOD CIO directive that states there will be only one database.

**RECOMMENDATION:** The Defense Manpower Data Center (DMDC) be required to develop automated systems, akin to a "list server" so that Service Secretaries and their Retirement Services programs can disseminate reliably the ever-changing information in a timely and secure manner.

**APPROVED BY INSTALLATION/GARRISON/ASCC RETIREE COUNCIL  
CHAIRPERSON(S):**

LTC (ret) David Fulton, Chair, Army in Europe Retired Soldier  
Council

COL (ret) Karl Goetzke, Co-Chair, Army in Europe Retired  
Soldier Council

**CSA RETIRED SOLDIER COUNCIL COMMENTS:** The CSA Retired Soldier Council acknowledges this is a long-standing unresolved issue that must be addressed. Giving Retirement Services Offices access to email and mailing addresses as maintained by DFAS and DMDC will save significant funding while increasing connectivity to the Retired Soldiers population. While the CSA Retired Soldier Council applauds the Army and DOD in their efforts thus far towards solving this issue, the CSA Retired Soldier Council emphasizes its adverse impacts and urges continued efforts to expeditiously resolve this matter.

**ISSUE 2021-02-15**

**INSTALLATION/GARRISON/ASCC Council:** Presidio of Monterey, CA Retiree Council

**SUBJECT:** Retiree Appreciation Day Funding

**DISCUSSION:** Retiree Appreciation Day activities are mandated by the Department of the Army. This is an unfunded mandate. Army Regulations prohibit the Retiree Council from fund raising to support Retiree Appreciation Day. This catch 22 causes endless concern when preparing for RAD events. Some guidance on how you expect these events to provide meaningful information with no funds to pay for location fees, refreshments and other items that make the events fun and therefore better attended. If you are not willing to budget for this program, then you should abolish it.

**RECOMMENDATION:** Provide a line item in the annual budget for the Retirement Services Office at each installation tasked with conduct RAD events.

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

**CHAIRPERSON(S):**

1SG (Retired) James C. Bogan, Chairperson LTC (Retired)

William Crewe, Vice Chairperson

**CSA RETIRED SOLDIER COUNCIL COMMENTS:** The CSA Retired Soldier Council was informed that IMCOM is examining this challenging issue. Recognizing the efforts to address this issue, it is still important to recognize the validity of the concerns raised by The Retiree Council, Presidio of Monterey, CA. The CSA Retired Soldier Council unequivocally supports the Army Regulation 600-8-7 requirement to conduct Retiree Appreciation Days (RADs) to demonstrate the Army's continuing appreciation for Retired Soldiers' past services to the Nation and to foster their support for the Army, current Soldiers, and their families. It recommends that Commanding General, IMCOM, in coordination with the DA Retirement Services Office, set a minimum standard for services to be provided at a Retiree Appreciation Day with an established funding stream that would ensure Garrisons meet or exceed this standard and after action reports on RADs that report the Garrison level expenditures on these events.