



**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

24 July 2020

MEMORANDUM FOR CHIEF OF STAFF, ARMY

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

1. The sixtieth 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 20-24 July 2020. 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 1.24 million Retired Soldiers and surviving spouses, and as such, reviewed ten issues nominated by Installation Retiree Councils. Those issues are discussed in detail in Enclosure 4 (CSA Retired Soldier Council Installation Report).
2. You have a valuable resource in almost 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. They are proven leaders and local spokespersons with connections in communities across the United States and abroad.
3. Our number one concern this year 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. A workaround with DFAS allowed us to reach out to Retired Soldiers from the national level asking them to volunteer for recall to active duty for COVID-19 operations. The Surgeon General was effusive in his praise of how 27,000 Retired Soldiers responded, 6,800 of them from the Army medical community. However, this is not a viable solution for communications at the installation level. Garrison Commanders do not have access to these email and mailing addresses, so they cannot communicate with Retired Soldiers who can help them resolve local issues or requirements.
4. The possible missions for Retired Soldiers are endless. Several missions they are already performing for the Army include mentoring Veterans during their transitions to reduce stress and unemployment compensation; connecting recruiters and guidance counselors; mentoring youth as JROTC instructors; acting as Casualty Assistance

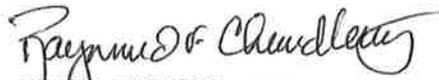
DAPE-MPL-RS

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

Officers for the spouses of other Retired Soldiers; and speaking at "Meet Your Army" 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, 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.



RAYMOND F. CHANDLER
Sergeant Major of the Army
U.S. Army, Retired
Co-Chairman



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 Thomas C. Seamands, 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, Commanding General U.S. Army Medical Command/The Surgeon General

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

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

Brigadier General Hope C. Rampy, The Adjutant General, U.S. Army Human Resources Command

Brigadier General Matt Smith, Director, Operations, Readiness and Mobilization, Deputy Chief of Staff, G-3/5/7, United States Army

Brigadier General Roy J. Macaraeg, National Guard Assistant for Personnel and Talent Management

Captain Edward D. Simmer, USN, Deputy Director TRICARE Health Plan, J-10

Colonel Vanessa Y. Moye, Director, Soldier for Life

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

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

Ms. Julie R. Burandt-Partin, DFAS Director, Retired and Annuitant Pay

Ms. Patricia Cruz, Survivor Benefit Plan Program Manager

Major General (Retired) Robert Kasulke, CSA Retired Soldier Council Member

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

ISSUE: 2020-1-1

INSTALLATION/GARRISON/ASCC Council: 8th Army Retiree Council, Korea

SUBJECT: Durable Medical Equipment for Overseas Veterans with APO Access

DISCUSSION: Retirees who live overseas are required to purchase durable medical equipment locally in order to be reimbursed by TRICARE and the VA Foreign Medical Program (FMP). Many retirees who live overseas also have access to APO mail and these items can be obtained on-line at less than half the price of what is charged overseas. In addition, these items can be shipped to the retiree's APO address at normal US postal rates. A good example is the Continuous Positive Airway Pressure (CPAP) machine and associated consumable supplies for treating obstructive sleep apnea. In Korea, the CPAP machine costs \$1,651, the mask is \$200, the tube is \$130, and a filter is \$5. These same items are available on-line from a US vendor at \$883, \$99, \$61, and \$2 respectively. This is a 50% savings to the government for these covered items. In a time when government agencies need to reduce budgetary excess, it is negligent to dismiss this savings potential. Moreover, many retirees live on individually constrained budgets and the wait for reimbursement on an inflated purchase is an unnecessary burden. Lastly, it is incongruous for the medical community to cut costs by refusing to see retirees at MTFs, yet allow overseas vendors to gouge the system through inflated pricing. When equipment is purchased from overseas vendors, there is no limit on what these vendors can charge. While it is true that overseas vendors must pay shipping and import taxes, it is still more cost effective for the US government as well as individual veteran beneficiaries who have access to an APO address to purchase these items on-line from a stateside vendor. Accordingly, there should be no penalty for doing so.

RECOMMENDATION: Recommend TRICARE and the VA FMP allow beneficiaries to purchase durable medical items on-line for shipment to APO addresses. For retirees who are limited to one pound of mail, recommend that the weight limit be waived for all medical items regardless of weight.

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

LTC (Ret) Pete Palombo, Co-Chair 8th Army Retiree Council, Korea
CSM (Ret) Ralph Rusch, Co-Chair 8th Army Retiree Council, Korea

CSA RETIRED SOLDIER COUNCIL COMMENTS: In order to provide Durable Medical Equipment (DME) for Overseas Veterans with APO Access, the CSA Retired Soldier

Encl 4

Council recommends that when the DHA reviews its contracts, it can, through the TRM (Tricare Reimbursement Manual) renegotiate and change their contracts for retirees located OCONUS. There are 2 options for the retiree: buy locally, or via the TRM. In addition, the CSA Retired Soldier Council also recommends that the CSA request exception(s) to allow Durable Medical Equipment to be shipped directly to the local MTF, where the retiree would be able to pick it up at no additional cost, reducing the possibility of pilfering and damage.

ISSUE: 2020-01-02

INSTALLATION/GARRISON/ASCC Council: 8th Army Retiree Council, Korea

SUBJECT: Prescription Refills

DISCUSSION: Retirees who travel either within CONUS or internationally, or those who have two domiciles (i.e., CONUS and OCONUS), have difficulty refilling prescriptions from military treatment facilities (MTFs) other than the one that originally filled the prescription in question. In Korea there is a large retiree community comprised of both retirees serving as GS employees or contractors and fully retired personnel. Because of emergencies, the exigencies of employment, or other unforeseen circumstances that cause travel delays and extensions, there have been frequent occasions where these personnel have had their prescriptions run out while away from home. Universally, these retirees have been denied prescription refills by the local MTF in their travel areas because they were enrolled at a different MTF. Accordingly, when the retirees go to the nearest MTF for a refill they are told they have two choices:

Option one:

- disenroll from TRICARE at the home of record (HOR)
- enroll at the temporary location
- see a local doctor
- get the prescription renewed/refilled through the new doctor
- return to the HOR
- disenroll from TRICARE at the temporary location
- re-enroll at the HOR

Option two:

- beg the pharmacist at the temporary MTF location to call the HOR MTF
- have the prescription moved from the HOR MTF to the temp locale MTF
- have the prescription filled
- return to the HOR
- beg the HOR pharmacist to call the temp locale MTF
- have the prescription returned to the HOR MTF

In addition to this tedious, convoluted, and overtly ridiculous process, some MTF pharmacies are also telling retirees that they can only transfer the prescription once. As a result, when the retiree returns home, they must see their doctor for a new prescription. Unsurprisingly, some retirees have resorted to going to the travel locale emergency room for a simple prescription refill.

All MTFs can see the retiree in question's prescription(s) in their medical system but will not fill the prescription unless they talk to the HOR pharmacist because they do not trust their counterpart. Anywhere else in the US, one can go to any pharmacy

and get a valid prescription refilled. However, TRICARE restricts the ability to obtain a refill to only the MTF where it was prescribed. TRICARE is one of the largest institutions and provides worldwide services. Nevertheless, TRICARE refuses to provide worldwide access to prescriptions refills because of trust issues within MTFs. This antiquated approach is unacceptable in 2019 and the ever-expanding information-technology age. Moreover, it is absolutely not the fault of the any end-user. Obtaining prescription refills globally from MTFs should not be this difficult. Walmart, Walgreens, and others routinely do this within the US without issues.

RECOMMENDATION: MEDCOM needs to direct pharmacists to refill prescriptions locally from any valid MTF. MEDCOM needs to update TRICARE Online so retirees can easily request refills from any MTF while they are traveling worldwide regardless of from where it was prescribed.

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

LTC (Ret) Pete Palombo, Co-Chair 8th Army Retiree Council, Korea
CSM (Ret) Ralph Rusch, Co-Chair 8th Army Retiree Council, Korea

CSA RETIRED SOLDIER COUNCIL COMMENTS: In order to provide Prescription Refills for retirees, the CSA Retired Soldier Council recommends fielding of the Military Health System (MHS) Genesis computer system without delay to get it up and running at the military pharmacies. This will enable all MTF pharmacies to see all the prescriptions that are in their entire system regardless of the retiree's HOR. It is expected that this will be similar to those systems currently used by retail pharmacy chains such as Walgreens, Rite Aid and the like. Furthermore, the CSARSC recommends the CSA request the Defense Health Agency (DHA) develop a process at MTFs to permit prescription portability for traveling beneficiaries until such time as the MHS Genesis Electronic Health Record (EHR) is fully fielded. This could involve Pharmacy to Pharmacy communication or a Traveling Beneficiary Coordinator. Additionally, the CSARSC recommends that the CSA request that the Pharmacy piece of the MHS Genesis Electronic Health Record (EHR) be the first piece fielded for MTF Pharmacies. This will allow MTF pharmacies to see all prescriptions in the military health care system regardless of the beneficiary's primary MTF.

ISSUE: 2020-1-3

INSTALLATION/GARRISON/ASCC Council: 8th Army Retiree Council, Korea

SUBJECT: Retiree Military Treatment Facility Access

DISCUSSION: All TDA or clinical healthcare at military treatment facilities (MTFs) will transfer to Defense Health Agency (DHA) control as the Soldier Centered Medical Home (SCMH) model. However, since SCMH clinics are set up and staffed only for active-duty Soldiers, retirees cannot receive treatment. For example, in Korea there are many retirees living here either in support of the military mission as DOD civilians and contractors, or in full retirement. Because retirees were promised lifetime medical care and have historically been able to use local MTFs, there should be an exception granted when possible/applicable. At present, retirees are being told that as DHA takes over local MTFs, retirees will be forced to search for local alternatives because of the DHA mandate to lower its operating costs by discontinuing retiree treatment. The MTFs in Korea have historically provided care for the retirees in their facilities on either a space available basis or through the local TRICARE program. This should remain in place and all overseas MTFs should follow suit for at least space available care.

RECOMMENDATION: Recommend military treatment facilities continue to provide health care to retirees as they transition to DHA control.

**APPROVED BY INSTALLATIONGARRISON/ASCCRETIREE COUNCIL
CHAIRPERSON(S):**

LTC (Ret) Pete Palombo, Co-Chair 8th Army Retiree Council, Korea
CSM (Ret) Ralph Rusch, Co-Chair 8th Army Retiree Council, Korea

CSA RETIRED SOLDIER COUNCIL COMMENTS: In order to provide retirees access to Military Treatment Facilities, the CSA Retired Soldier Council recommends a pause on the implementation of DHA's takeover of MTFs and continue care of retirees at MTFs and local TRICARE approved hospitals. This issue has been addressed and sent forward to CSA and DHA, and will require policy changes. The CSARSC feels that it is a major issue for many retirees and should be brought up to the CSA again. The retirees who are affected by this should be encouraged to bring this up to their Congressperson. The majority of retirees living overseas continue to serve our military as DOD employees. The lack of MTF healthcare may influence those retirees' decision to remain in OCONUS DOD positions which can affect readiness and the provision of services. Moreover, eliminating retirees from the patient pool will negatively impact military medical readiness as providers and medical staff need a variety of age groups and conditions to keep their skills current. Many in the retiree population have chronic, complex medical conditions. The evaluation and treatment of these patients would improve and preserve the skill set and the confidence level of the providers and staff.

ISSUE: 2020-1-4

INSTALLATION/GARRISON/ASCC Council: Fort Benning, GA Retiree Council

SUBJECT: Defense Health Agency (DHA) Control of Military Treatment Facilities.

DISCUSSION: Background: The Department of Defense, under Congressional directed changes, has proposed drastic reductions in military medical strength, which equates to 17,000 uniformed medical billets (physicians, dentist, nurses, technicians, medics and support personnel) through transitioning operational control of medical treatment facilities to the Defense Health Agency. This transition is projected to culminate over the next couple of years. While all Services are impacted by this decision, the Army is burdened with the largest loss of positions, (7,300). This decision will potentially force most retirees out of the military medical system and into local civilian health care resources. This would also greatly reduce medical support for active duty Soldiers and their families. Very importantly, it would eliminate most opportunities for remaining active duty medical personnel to gain and enhance skills required for their combat medicine practices.

RECOMMENDATION: The Council strongly opposes such reductions and is very concerned about irreversible, negative effects they would have on military medical practice and its beneficiaries. The Council requests that these concerns be expressed through the Fort Benning Command Group and the Chief of Staff of the Army to the Department of Defense Health Agency.

APPROVED BY INSTALLATION RETIREE COUNCIL CHAIRPERSON(S):

COL (Ret) Mayo A Hadden III, Co-Chair, Fort Benning, GA Retiree Council

CSM (Ret) William Grant, Co-Chair, Fort Benning, GA Retiree Council

CSA RETIRED SOLDIER COUNCIL COMMENTS: It is understood that the Army is not going to proceed with further reductions in medical personnel. However, for those who have been affected by the medical drawdowns that have already occurred, the VA and TRICARE are viable alternative options. The other matter embedded in this issue is related to sustaining medical skills for the Army providers. The retiree population has a significant number of their cohort with chronic, complex medical conditions. The evaluation and treatment of these patients would improve and preserve the skill sets and the confidence level of the providers. Treating the retiree population would also decrease the need of sending Army providers to civilian hospitals to broaden their clinical experience. The CSARSC further recommends that the CSA demand that the DHA immediately halt any further plans to downsize the military medical force. As seen during the current pandemic, in addition to providing care to military beneficiaries, the Nation as a whole relies on military medical personnel to swiftly deploy and provide care during national emergencies such as natural disasters, pandemics, and civil unrest.

ISSUE: 2020-1-5

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

SUBJECT: Access to Military Hospitals and Pharmacy

DISCUSSION: During the recent Retiree Appreciation Days held in September 2019 at Fort Sill, I had the opportunity to discuss several issues brought forward by military Retiree's attending the event. One particular concern seemed to be prevalent throughout my conversations with this group and it was the reduced availability of support from military health facilities and pharmacies. I asked my Retiree Council Medical Affairs representative to do further research to see if this was a localized issue or more prevalent across the board. As he conducted his research, it was briefed by the departing hospital commander that the Department of Defense would be making major financial funding reductions in the coming years. In addition to reduced access to military healthcare facilities, pharmacy access would also be greatly reduced for retired members. In addition to this issue, it was also discussed by Retirees that not only are pharmacy services being reduced, but many prescriptions are either no longer carried or are using other formularies that are acquired at a lower cost. This caused concern for one particular Retiree since specific prescriptions based on medical conditions are prescribed to him and since these are no longer carried by the military pharmacy, he is forced to purchase these at a higher cost at off post locations. Being on a limited budget, this is not always a possibility, so some Retirees are doing without needed medications.

The FY 20 Defense Health Program Appropriation made program changes to the TRICARE Pharmacy benefit, in addition to a reduction in military providers as part of the Continuing reform of the Military Health System. Effective Jan. 1, 2020, a 90-day supply of generic drugs received through the program's Express Scripts mail-order pharmacy will increase from \$7 to \$10. Co-pays on brand-name drugs received through the mail will go from \$24 to \$29; the price rises from \$53 to \$60 for non-formulary drugs. Generic drug prescriptions filled at retail pharmacies will see the cost rise from \$11 to \$13 for a 30-day supply, while the same supply of brand-name medications will increase from \$28 to \$33. Non-formulary drugs -- those not on Tricare's list of fully covered medications -- will go up from \$53 to \$60. These changes have had a negative effect on access to care and create additional financial hardships for some Retirees in the Fort Sill area. Recommend HODA (on behalf of the CSA Retiree Council) engage the Assistant Secretary of Defense for Health Affairs (the resource manager for the Defense Health Program appropriation), to voice concerns from patients and seek a reversal of the TRICARE Pharmacy price increase, and ensure that any diminishment to access to care standards occurring with the reform of the Military Health System are identified and reversed.

RECOMMENDATION: CSA Retiree Council contact the Assistant Secretary of Defense for Health Affairs which manages over a \$50 billion Military Health System (MHS) budget and serves as principal advisor to the Secretary of Defense for health issues to elevate this issue.

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

LTC (Ret) G. Allen Shell, Co-Chair, Ft. Sill, OK Retiree Council
SGM (Ret) Ed Mounts, Co-Chair, Fort Sill, OK Retiree Council

CSA RETIRED SOLDIER COUNCIL COMMENTS: In order to provide access to Military Hospitals and Pharmacies, the CSA Retired Soldier Council recommends the DOD's Pharmacy and Therapeutics Committee continually review medication and treatment options to determine the most cost effective pharmaceutical and treatment options are available. They decide what will be utilized in the "field". Congress determines the co-pays. This issue should be brought forward to the Assistant Secretary of Defense for Health Affairs (ASDHA) who manages the budget for MHS. Recommend that they work with the Defense Health Agency (DHA) to review the DOD Formulary to ensure that the safest and most efficacious medications are placed on the formulary. Recent concerns about the efficacy and safety of medications manufactured overseas makes this an urgent patient safety issue as well as one that has a financial impact on the retiree and family members and their quality of life. The ASDHA is the advisor to the SECDEF for health care issues. Issues 3 and 4 also addressed access to Treatment Facilities.

ISSUE 2020-2-6

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

SUBJECT: Army Retiring Soldier Commendation Program (ARSCP) Package

DISCUSSION: The Army Retiring Soldier Commendation Program package (ARSCP), was created by ASA (M&RA) in 2009. Army Regulation (AR) 600-8-7, *Retirement Services Program*, provides policy guidance on the standards and management of the ARSCP. In para 1-7, the AR states that the principles of support will include a function to “*honor individual Soldiers and their Families for their careers of selfless service to the Army and nation when they retire or transition to the Retired Reserve*” and that this will be done by issuing The Army Retiring Soldier Commendation Program package, which includes [from Para 1-7(1)d]:

- Full-color letter signed by the Secretary of Army, Chief of Staff, Army (CSA) and Sergeant Major of the Army.
- U.S. flag (in accordance with Title 10 United States Code, Chapter 3681 (10 USC 3681) or 10 USC 12605).
- Retired Army Lapel Button, (AR 600–8–22).
- Two full-color Department of the Army (DA) Soldier for Life Window Decals
- Packaging materials to allow all contents to reach the retiring Soldier in superior condition.

The AR further specifies the Commander, U.S. Army Installation Management Command will “*manage the Army Retiring Soldier Commendation Program and coordinate funding and implementation with the ARNG and USAR. Ensure Active Army Soldiers receive the Army Retiring Soldier Commendation Program package in accordance with paragraph 1–7d, above.*”

In 2019, U.S. Army Installation Management Command (HQ IMCOM) made a decision to decentralize the management of the Army Retiring Soldier Commendation Program package. In doing so, HQ IMCOM did not extend their contract for the making of the Army Retiring Soldier Commendation Program package. The responsibility to research, decide, and resource appropriate packaging materials now falls on multiple lower-level echelons of leadership involved in the delivery of retirement services. While the AERSC is still waiting to see how the IMCOM-Europe responds to this change, we firmly believe HQ IMCOM has done a disservice to all future Retired Soldiers and their Families by failing to live up to their responsibilities outlined in AR 600-8-7. The Army in Europe anticipates depleting its existing stock of ARSCP packages in 2021 and there is currently no plan in place to continue a similar professional retirement package. We firmly believe HQ IMCOM’s action sets our Army on a course for delivering a non-standard level of quality, uniformity and recognition to our Army Retired Soldiers and their Families (Active, USAR and ARNG) on the occasion of their retirement.

Lastly, it must be noted that the former HQ IMCOM contract was done through Ability One and provided employment for disabled Veterans. The cancellation of this contract has the appearance of being done in direct opposition to the Army’s stated goal to “inspire and hire” our veterans. The cancellation of the contract also causes the real

possibility for putting some veterans out of work. While numerous installations can still seek to contract with Ability One as their means for continuing to acquire the ARSCP package, this generates an inefficient process and workload on an already overworked and understaffed IMCOM program.

RECOMMENDATION: HQ IMCOM must be held accountable to the binding language in AR 600-8-7 and again centrally manage the ARSCP package. The preferred course of action would be for HQ IMCOM, ICW USAR and ARNG, to continue to provide all Retiring Soldiers with the current ARSCP package, which has been in use since 2009. However, if a change in packaging must be made due to resourcing, the resulting package must be professional and consistent across the force (Active, USAR and ARNG) so there is uniformity in bringing honor and recognition to individual Soldiers and their Families for their careers of selfless service to the Army and nation.

**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

CHIEF OF STAFF ARMY RETIRED SOLDIER COUNCIL (CSARSC) COMMENTS:

The CSARSC applauds the determination of HQ IMCOM G1 to work with the Mission Installation Contracting Command (MICC) and the acquisition process to once again use a centralized contract to enable an enterprise solution to provide retiring Soldiers a high-quality ARSCP that reflects our Nation's appreciation for their service at the time of their retirement. As a contract for ARSCPs is formed, it is important that it specify inclusion of the items previously incorporated (e.g., flag, pin, stickers) and that packaging is used that both protects the items and is appropriate for presentation at a retirement ceremony. It is equally important for HQ IMCOM G1 to ensure the ARSCP reflects uniformity of content and quality across the Components (AC, RC, and ARNG). Close coordination with the Soldier for Life program will leverage the experience of the Army's RSOs. Equally important is the necessity for programmed, centralized funding for sufficient ARSCPs to meet annual projections of Soldier retirements.

ISSUE: 2020-3-7

INSTALLATION/GARRISON/ASCC Council: Fort Campbell, KY Retired Council

SUBJECT: Privacy options for contact information through myPay

DISCUSSION: The U.S. Army White Pages were created to facilitate a better connection within the Retired Soldier community. The online pages currently contain contact information for Retired Soldiers that display AKO email addresses as default, but the site will allow Retired Soldiers to edit contact info to add personal email and update other relevant contact information. Retired Soldiers can also choose to allow this contact information to be visible to the public in order to protect privacy. Additionally, Retirement Services Officers (RSOs) have frequently requested to be provided access to valid email addresses for Retired Soldiers within their area of operations in order to digitally distribute retirement-related information, but the concern of privacy has often been raised when this issue has been addressed. The opportunity could exist to provide one single point of contact for each Retired Soldier to choose desired privacy settings and determine which pieces of contact information are visible to fellow Retired Soldiers and Veterans attempting to reconnect, or to area RSOs desiring to distribute benefit information. DFAS currently maintains a database for all retirement benefit recipients that includes mailing and email addresses (when provided by the Retired Soldier). Currently, email addresses provided within myPay are used for digital distribution of the Army Echoes publication. These addresses are often the most up-to-date contact information for a Retired Soldier, and can be verified and updated at any time by the individual through the myPay system. By offering privacy options within myPay, Retired Soldiers could designate how their contact information is shared and with whom. The myPay system could provide a series of opt-in questions that could be used to designate what information is displayed in White Pages, and choose if email can be provided to RSOs for information distribution. This privacy selection and subsequent data update to White Pages from myPay would also allow better contact information to be immediately displayed, if so desired, and would eliminate the need for Retired Soldiers to go into multiple systems to update current contact information. If Retired Soldiers opt to have email addresses from myPay shared with RSOs, they could immediately begin receiving digital updates on local and relevant benefit information, which would eliminate the need for printing costs for many RSOs and save the Department of the Army hundreds of thousands of dollars in printing and postage costs.

RECOMMENDATION: DFAS should immediately add a series of contact opt-in questions to myPay to allow Retired Soldiers to choose privacy settings for contact purposes. If Retired Soldiers choose to have contact information displayed on U.S. Army White Pages, DFAS should upload current contact information for the Retired Soldier to the U.S. Army White Pages database, eliminating the need for Retired Soldiers to update contact information in multiple sites. If Retired Soldiers

choose to allow email addresses to be disclosed to local RSOs, DFAS should provide the ability for RSOs to query emails based on location in order to provide digital updates on local retirement issues and benefits. Retired Soldiers would be able, through the one centralized point of myPay, to determine desired level of privacy and contact method.

APPROVED BY INSTALLATION RETIRED COUNCIL CHAIRPERSON(S):

BG (Ret) Scott Brower, Chair, Fort Campbell, KY Retired Soldier Council
1SG (Ret) Luther Holsonback, Co-Chair, Fort Campbell, KY Retired Soldier Council

CSA RETIRED SOLDIER COUNCIL COMMENTS: CSARSC continues to recognize the importance of this issue and supports finding a solution that provides efficient and timely communications with Retired Soldiers. Email and mailing addresses are maintained by DMDC and DFAS but they have thus far not been open to sharing this information with RSOs. The recommendation submitted offers a viable solution, providing an opt-in/opt-out to protect personal identifiable information. If Retired Soldiers are part of the team, email and mail communication are required and the Council strongly supports this recommendation.

ISSUE: 2020-3-8

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

SUBJECT: Improve Communications with Retiree Community

DISCUSSION: Timely correspondence, which articulates clear and accurate information provides retirees the appropriate time to respond/react to the ever changing systems, most notably the health care system, which support our ever growing population. While the Army's retiree newsletter, *Army Echoes*, and the Soldier for Life website do a great job of keeping in touch with a number of retirees, a more effective and inclusive means needs to be explored. The changes that effect retirees are often dynamic and require better penetration of the retiree community in a more frequent communication cycle and focus on specific issues. Many retirees do not live near military installations and staffing of RSO offices prohibits their ability to respond to each and every individual concern personally.

RECOMMENDATION: RSOs and all other DOD agencies supporting retirees should impress upon them early, the importance of maintaining updated contact information, both phone and email. Capture newly retiring Soldiers data and begin frequent, relevant communications to sustain reliable addresses of retirees. This communication link will enable them to understand that this method is valuable in nourishing an information flow that they can rely on for topics that are pertinent to them. Recent retirees have a better understanding of electronic communication media (Twitter, Facebook, Instagram, etc.) and these media outlets need to be fostered while continuing to reach out to older retirees that may not have the skills or equipment to stay current.

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

MG (Ret) Robert Kasulke, Co-Chairman

MSG (Ret) David Pearson, Co-Chairman

CSA RETIRED SOLDIER COUNCIL COMMENTS: The CSARSC agrees with the importance of maintaining communication with the Retired Soldiers force and the COVID-19 pandemic has only highlighted this issue. CSARSC supports the recommendation and encourages a coordinated effort to find a solution that gives RSOs access to updated email and mailing addresses as maintained by DFAS.

ISSUE: 2020-3-9

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

SUBJECT: Utilize Volunteer Retirees to Assist Upcoming Retirees

DISCUSSION: There are a number of retirees wishing to volunteer to assist other Soldiers that are at or near retirement. In addition to fortifying the assistance to upcoming retirees, this initiative supports the concept of "Soldier for Life". The retiree community has a wealth of expertise to share with Soldiers retiring and requiring assistance. Trained volunteers could supplement the Retirement Services Officer (RSO) in providing information to Soldiers near retirement, supplementing efforts in remote locations, and conducting pre-retirement briefs to Army Reserve Soldiers.

The current "gray area" retiree structure fails to provide adequate support, causing "gray area" retirees to feel left out, and many, unaware of the information outlets, fail to understand the opportunities available to them for counseling and advice. Infrequent and often far from a retiree's work and home, Army Reserve retiree seminar fail to support our "gray area" retiree population. Forty-nine CONUS RSOs, 17 overseas RSOs, and five Army Reserve RSOs serve 2.2 million military retirees and surviving spouses, not taking into account the number of "gray area" retirees also requiring services. These offices demonstrate admirable efforts in the completion of their mission, but the RSO staffer to retiree ratio prohibits optimum and effective customer service.

Another area that retirees could provide assistance is in recruiting. Retirees can be a "force multiplier". The Army's retired community can be harnessed to use its circles of influence to help the service gain new recruits. A retired Soldier often has connections in the community, to include academic institutions and potential venues where recruiters can meet potential candidates. Retirees can engage high school and college-age students about the potential benefits of joining the Army. They can share with those students some of the realities and benefits of joining the Army, which can contrast with public misconceptions.

Worth noting that the National Defense Authorization Act for Fiscal Year 2019 included an extension of a pilot program in the Army National Guard: SEC. 520. Extension of authority for pilot program on use of retired senior enlisted members of the Army National Guard as Army National Guard recruiters. Retired Soldiers want to continue to serve, although in a different capacity, they wish to remain involved. We can do better in providing opportunities to the retiree community. The same group of retirees that are willing to continue to serve in a volunteer capacity are targeted by elected officials for budget cuts negatively impacting their benefits and occasionally their livelihood.

RECOMMENDATION: Utilize volunteer Retired Soldiers, who have the experience, talent and energy to assist fellow retiring Soldiers and recruiting efforts.

APPROVED BY INSTALLATION GARRISON/ASCC RETIREE COUNCIL

CHAIRPERSON(S):

MG (Ret) Robert Kasulke, Co-Chair Fort Drum, NY Retiree Council

MSG (Ret) David Pearson, Co-Chair Fort Drum, NY Retiree Council

CSA RETIRED SOLDIER COUNCIL COMMENTS: The Council supports this recommendation and agrees with the IMCOM recommendation to include Retired Soldiers in volunteer opportunities such as the Army Recruiting Command's Community Outreach Partnership and IMCOM's ETS Sponsorship.

ISSUE: 2020-3-10

INSTALLATION/GARRISON/ASCC Council: Fort Rucker AL Retiree Council

SUBJECT: Reducing Expenses and Improving Communications with Retirees by Using DFAS' SmartDocs as an alternate means of informing retirees and family members.

DISCUSSION: Shrinking budgets have impacted every aspect of the Soldier life-cycle. Army Regulation 600-8-7, Chapter 3-2d.(2) requires every garrison to publish and distribute a newsletter to all Retired Soldiers and surviving spouses in its area of responsibility(AOR). The Fort Rucker AOR newsletter included over 40,000 recipients. Mailing a single annual black and white copy this year cost over \$15,000. With an increased focus on contacting customers via electronic methods, DFAS uses its SmartDocs system and the email addresses it has on file to direct information to the same audience. Allowing branches of service access to the SmartDocs system would broaden the number of electronic contacts and reduce the expense needed to send hardcopies via traditional mail. The customer base includes Retirees and surviving spouse that are either unwilling due to age and/or unable economically or technologically to receive electronic versions of information so a contact method like traditional mailings may still be necessary.

RECOMMENDATION: That the Chief of Staff, Army, Retired Soldier Council ask Army senior leaders to ask DFAS to send installation retiree newsletters by SmartDoc.

APPROVED BY INSTALLATION/GARRISON/ASCC RETIREE COUNCIL CHAIRPERSON(S):
COL (Ret) Paul E. English, Jr., Chairman, Ft. Rucker AL Retiree Council

CSA RETIRED SOLDIER COUNCIL COMMENTS: The Council acknowledges that 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. The CSARSC supports this recommendation.