



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

DAPE-MPR (600-8-7)

24 April 2026

MEMORANDUM FOR CHIEF OF STAFF, ARMY

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

1. The sixty-sixth meeting of the Chief of Staff, Army Retired Soldier Council (CSARSC) was hosted at the Pentagon from 20-24 April 2026. The Council is established in accordance with Army Regulation 600-8-7, Retirement Services Program and is administered in accordance with its charter, approved by the Secretary of the Army. The Council remains the voice of 1.25 million Retired Soldiers and surviving spouses.

2. The Council reviewed and amended the Charter with the Chief of Staff, Army's guidance received during the 2025 annual report briefing. The purpose of the Council is to represent the interests, concerns, and perspectives of Retired Soldiers, while serving as a collaborative body that helps the Army identify issues, solve problems, and improve programs, policies, communications, and services affecting Retired Soldiers, surviving spouses, families, and the broader military community. Our focus areas are DHA/VA Healthcare/Medicare; Strategic Communications and Messaging; Benefits and Entitlements; Human Resources; Non-profit Relationships; Installation Management; and Law, Policies, and Procedures.

3. Effective 2026, the Council is partnering with the Army Family Action Plan (AFAP) program to assist with addressing issues impacting the retired community. We adjudicated the following eight 2026 issues discussed in detail in Enclosure 3 (CSARSC Installation Report), and revisited one 2025 issue indicating their status:

- a. TRICARE Parity for Young Adults - Continue to monitor progress within AFAP
- b. No-Cost Preventative Annual Physical Exams for Overseas Retirees Enrolled in TRICARE - Referred to AFAP
- c. Lack of TRICARE Medical Providers within the immediate areas of Army Posts, Camps, or Station (i.e. Medical Deserts) - Closed
- d. Facilitating the Travel of Annuitants and Gold Star Survivors Living Overseas - Referred to the Survivor Advisory Working Group
- e. Military Services Coordinator (OMSC) Offices in Europe and Asia - Closed
- f. Non-regular Retired Pay Application Processing Backlog - CSARSC will continue to monitor with HRC

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g. Communicating with Retired Soldiers and Annuitants - CSARSC will continue to monitor with DFAS and G1

h. Retirement Challenges Affecting Army National Guard (ARNG) Soldiers - CSARSC will continue to monitor with NGB and HRC; Referred TRICARE portion to AFAP

i. Surviving Spouse losing all retirement benefits upon remarriage - Continue to monitor progress within AFAP

4. Areas of Emphasis:

a. The number one issue for all Retired Soldiers remains the availability and access to healthcare. The Council believes that the retired community who live near Military Treatment Facilities (MTFs) prefer to use the TRICARE Plus plan because of the availability of services. Seventy-five percent of the retired community do not live near an MTF and struggle to find a provider. We recommend the Army continue to engage with the Defense Health Agency (DHA) to ensure MTF care for Retired Soldiers and their families remains a priority. We were briefed by multiple leaders concerning the impact of decreasing medical capacity has on unit readiness across all components. Additionally, it was also noted that the lack of access to TRICARE providers equally affects the multi-component force as well.

b. The existing Transition Assistance Program (TAP) received a 20% funding reduction this year, impacting the availability of services to our transitioning Soldiers. Historical unemployment data reflects that failure to prepare every Soldier for transition may likely lead to higher unemployment costs to the Army. To mitigate this risk, the Council recommends the Army explore efforts to partner with external programs that assist Soldiers with transition services and support. The Council will assist the Army by energizing their local community in this partnership effort.

c. Our Retired Soldiers will continue to assist the Army with recruiting and retention within their communities with a focus on the Reserve Component. Recommend the Army explore ways to recognize and formalize a partnership between our Retired Soldiers and Recruiting Command. A formalized program such as Retired Soldier Recruiting Ambassadors would do exactly that.

5. The Council extends our sincere appreciation for the continued support by Ms. Maria Bentinck, Ms. Patty Cruz and the rest of the Army Retirement Services staff. This program remains critically important and should be preserved. We also appreciate the group of distinguished speakers at Enclosure 1 for the valuable information and insights that 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 Army Force. The Council extends its gratitude to LTG's Evans, Eifler, Izaguirre, and Davis; and CSM Hendricks and SGM Kupratty for their demonstrated support of the Retired Soldier Council and those we represent.

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THIS WE'LL DEFEND!



MICHAEL A. GRINSTON
Sergeant Major of the Army
U.S. Army, Retired
Co-Chairman



JOSEPH ANDERSON
Lieutenant General
U.S. Army, Retired
Co-Chairman

Enclosures

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

GUEST SPEAKERS

Lieutenant General Johnny K. Davis, Commanding General, U.S. Army Recruiting Command

Lieutenant General Brian S. Eifler, Deputy Chief of Staff, G1

Lieutenant General Marcus S. Evans, Director of the Army Staff

Lieutenant General Mary K. Izaguirre, The Surgeon General, U.S. Army / Commanding General, U.S. Army Medical Command

Lieutenant General James M. Smith, Commanding General, U.S. Army Installation Management Command

Rear Admiral Matthew Case, Acting Assistant Director, Health Care Administration, Defense Health Agency

Major General Dianne M. Del Rosso, Deputy Chief, U.S. Army Reserve

Brigadier General Matthew W. Braman, Chief, Army Enterprise Marketing Office

Brigadier General Gregory S. Johnson, Director, Military Personnel Management

Brigadier General Steven M. King, Deputy Commanding General and Director, Reserve Personnel Management Directorate, U.S. Army Human Resources Command

Brigadier General Carrie L. Perez, Director, Army Personnel Management (G1), National Guard Bureau

Brigadier General Adam D. Smith, The Adjutant General of the U.S. Army, U.S. Army Human Resources Command / Commanding General, U.S. Army Physical Disability Agency / Executive Director, Military Postal Service Agency

Colonel Rebekah (Becky) S. Lust, Director, Functional Management Division, IPPS-A, G1

Command Sergeant Major James B. Kendrick, Command Sergeant Major of the Army National Guard

Command Sergeant Major (Ret) Gregg A. Orto, Deputy Director, National Veterans Service, Veterans of Foreign Wars

Sergeant Major (Ret) Julie A.M. Guerra, Director, NCO and Soldier Programs, Association of the U.S. Army

Sergeant Major (Ret) Steve W. Minyard, Director of Programs, Reserve Organization of America

Sergeant Major Christopher D. Truchon, SMA Senior Fellow, Department of Veteran Affairs

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

Ms. Margarita Devlin, Principal Deputy Under Secretary for Benefits, Department of Veteran Affairs

Ms. Heather N. Hassinger, Mr. Brent R. Jurgensen, and Ms. Jessica R. Slaughter, Army Family Action Plan, Directorate of Prevention, Resilience and Readiness, G1

2026 CHIEF OF STAFF, ARMY RETIRED SOLDIER COUNCIL ROSTER MEMBERS

NAME

INSTALLATION COUNCIL

Co-Chairmen:

LTG Joseph Anderson (RA)	At-Large
SMA Michael A. Grinston (RA)	At-Large

Members:

COL Mark A. Rado (RA)	HQs, Army in Europe and Africa
LTC George L. Fredrick (RA)	Fort Stewart, GA
LTC Karen L. Nigara (RA)	Fort Stewart, GA
LTC Jerry L. Wood (RA)	West Virginia National Guard
CW5 Douglas M. Englen (RA)	Fort Campbell, KY
CSM Donna M. Balderston (USAR/AGR)	Joint Base San Antonio, TX
CSM Micheal D. Sutterfield (RA)	Fort Rucker, AL
SGM Keith E. Hammack (ARNG/AGR)	West Virginia National Guard
SGM William T. Hursh (RA)	Fort Belvoir, VA
SGM Scott A. Leeling (RA)	Fort Carson, CO
1SG Grace E.A. Kendall (RA)	Joint Base Lewis-McChord, WA

AGR = Active Guard Reserve Representative
ARNG = National Guard Representative
RA = Regular Army Representative
USAR = Reserve Representative

Issue 2026-01-01

INSTALLATION COUNCIL: Fort Drum, NY Retired Soldier Council

SUBJECT: TRICARE Parity for Young Adults

DISCUSSION: TRICARE has a coverage gap for young adults. Commercial plans cover child dependents up to age 26 while military kids lose TRICARE coverage at age 21 (or 23 if a full-time college student.) The Affordable Care Act signed into law in 2010 established policy allowing civilian adult children to stay on their parent's insurance plan until age 26.

Recognizing the disadvantage to military families, TRICARE Young Adult (TYA) was established by Section 702 of the Ike Skelton National Defense Authorization Act (NDAA) for Fiscal Year 2011. TYA allowed unmarried adult dependent children up to age 26 to purchase an unsubsidized TRICARE Plan which was more expensive. When TYA was introduced, premiums were under \$200 per month. For 2025, monthly premiums have increased to \$337 for TRICARE Select and \$727 for TRICARE Prime. As premiums have increased, the number of healthy young adults enrolling in TYA has declined as many seek lower cost alternatives with less robust coverage since they anticipate few medical care needs. This has resulted in a TYA beneficiary pool with a disproportionate number of young adults with chronic medical conditions. This cycle of higher premiums leading to lower enrollment will likely continue until TYA is no longer a viable program. MHS reform should mean more than just fee increases. Children covered by TRICARE when they reach adulthood are primarily the kids of career service members. For 2018, the most recent enrollment data available, 85% of TYA enrollees were the children of working age retirees while 15% were active-duty family members. MHS reforms passed into law with the FY 2017 NDAA have meant numerous out of pocket cost increases for working age retirees – office visit copays, pharmacy copays, TRICARE Select enrollment fee and catastrophic cap increase. Expanding TRICARE eligibility to age 26 targets a fix – a modernization of the benefit – at a beneficiary segment paying significantly more out of pocket as a result of MHS reform. Military Kids Serve Too. Those currently impacted by this parity issue were preschoolers on 9/11. Military kids face extraordinary challenges throughout their childhoods – as they transition to adulthood, we must ensure they have the same health care protections as their civilian peers. Current Legislation, originally introduced in 2023, the Healthcare Fairness Act for Military Families, HR 4768, was reintroduced in July 2025 by Congressman Pat Ryan (D-NY18). A companion bill in the Senate S. 2448 introduced by Senator Mark Kelly (D-AZ). Both bills are gaining cosponsors and momentum.

RECOMMENDATION: The CSA supports healthcare parity to Military Families and engages with the Defense Health Agency to bring costs down for premiums and any other health care costs determined to be higher than the average civilian programs.

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

CPT (Ret) Jeff Saeli, Ft. Drum Retired Soldier Council, Co-Chair

MSG (Ret) David M. Pearson, Ft. Drum Retired Soldier Council, Co-Chair

CSA RETIRED SOLDIER COUNCIL COMMENTS: This issue entered the Army Family Action Plan (AFAP) as issue #800 in 2025. The AFAP recommended closure of this issue as unattainable secondary to the Assistant Secretary of War for Health Affairs opposition to amend federal statutes and regulations considering the costs of more than \$1B annually to extend TRICARE coverage for dependents without accruing additional monthly costs or fees. AFAP does not support expanding premium free TRICARE coverage to beneficiaries up to 26.

Issue 2026-01-02

INSATLLATION COUNCIL: Army Europe and Africa Retired Soldier Council

SUBJECT: No-Cost Preventative Annual Physical Exams for Overseas Retirees Enrolled in TRICARE

DISCUSSION: Although MEDICARE Part B enrollment is required for a Military Retiree to maintain eligibility for TRICARE FOR Life (TFL) coverage, MEDICARE and MEDICARE Advantage plans do not provide coverage outside the U.S. and U.S. territories. As a result, Military Retirees often pay full deductibles and cost sharing fees for services, such as preventive annual physical exams, which TRICARE assesses as medically necessary. TFL (like TRICARE Select) overseas beneficiaries can only receive preventive care without cost-sharing on space-available basis at U.S. Military Treatment Facilities, and in some specific cases, with International SOS Network Providers. Yet, the number of TRICARE Network providers located overseas is limited, making it difficult for Retirees to obtain appointments with a networked provider.

RECOMMENDATION: This Council believes that encouraging and reducing impediments for our Retiree community to receive preventative annual exams, will promote overall health and reduce emergency or long-term medical costs. In support of this aim, TFL should seek to ensure all Retirees are afforded a no-cost preventative annual physical exams regardless of their geographical location and care provider.

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

LTC (Ret) David V. Fulton, President, Army Europe and Africa Retired Soldier Council

CSA RETIRED SOLDIER COUNCIL COMMENTS: The Council is referring this issue to AFAP for action. This is a global issue restricted by law and will require legislative action. We will continue to monitor this action through AFAP.

Issue 2026-01-03

INSTALLATION COUNCIL: Fort Rucker, AL Retired Soldier Council

SUBJECT: Lack of TRICARE Medical Providers within the immediate areas of Army Posts, Camps, or Station (i.e. Medical Deserts)

DISCUSSION: The problems with accessing timely and adequate medical care under TRICARE for service members, retirees, and their families near Fort Rucker stem largely from systemic failures in the TRICARE civilian-provider network — problems that affect many regions nationwide. Following recent contract and claims-processor changes within TRICARE, numerous local civilian medical providers have experienced months-long delays (or outright failures) in reimbursement, prompting many to stop accepting TRICARE patients or exit the network entirely. The result: for military families dependent on civilian specialty or family care — especially in smaller or rural communities — there is now reduced access, longer travel distances, extended wait times, or loss of continuity of care. This directly undermines the quality of care, family readiness, and health-care stability for service members, retirees, and their dependents. These challenges reflect structural and administrative shortcomings within the broader DoD / DHA / TRICARE system — not solely local supply issues at Fort Rucker.

Given the ongoing decline in civilian participation, inadequate reimbursement practices, and burdensome administrative requirements, the current state of civilian network care for TRICARE beneficiaries is unsustainable, especially in rural/post-adjacent communities.

RECOMMENDATION: It is recommended that the SECARMY and CSA engage with DHA to remove the obstacles for Medical Providers to receive timely reimbursements for care provided.

APPROVED BY INSTALLATION/GARRISON/ASCC RETIRED SOLDIER COUNCIL CHAIRPERSON(S):

COL (Ret) Paul English, Co-Chairman, Ft. Rucker, AL Retiree Council

CSM (Ret) Micheal Sutterfield, Co-Chairman, Ft. Rucker, AL Retiree Council

CSA RETIRED SOLDIER COUNCIL COMMENTS: The Council recognizes the frustration of Retired Soldiers enrolled in TRICARE regarding the lack of civilian providers. It is believed that transitions of claims processors by Humana Military in 2025 caused delays in payment for thousands of claims resulting in providers' reluctance to accept TRICARE patients. In the 2026 NDAA, the House Armed Services Committee included provisions requiring detailed reviews of TRICARE claim processing delays and the implementation of a study to investigate the Department of Defense's Military Health Systems new TRICARE contract. Recommend the Army leadership continue to work with OTSG to voice the importance of making the TRICARE networks robust in all regions to facilitate availability of care options.

Issue 2026-02-04

INSTALLATION COUNCIL: Army Europe and Africa Retired Soldier Council

SUBJECT: Facilitating the Travel of Annuitants and Gold Star Survivors Living Overseas

DISCUSSION: Military Retirees in our European military communities serve as informal Casualty Assistance Officers, trusted agents, and community leaders. As a result, these Retirees often meet with Annuitants and Gold Star Families of Soldiers who died in OEF / OIF, and through these engagements, we have been made aware of unique challenges faced by Survivors and Annuitants who hold only a foreign passport.

A specific issue faced by Gold Star spouses holding only a foreign passport is that, once their Green Card expires, they are not allowed to renew it. Without a valid Green Card, these Survivors encounter significant challenges re-entering the United States, maintaining investments, and carrying out other essential matters or family responsibilities. Some Survivors are questioned or even detained for further questioning when attempting to enter the U.S. with their foreign passport, often while traveling to visit the grave of their spouse or to see family. Also, in some cases survivors had to sell their real estate in the U.S. because they are not allowed to enter or reside there.

In researching this issue, it was learned that U.S. provisions for issuing or renewing Survivor Green Cards generally do not apply for Survivors who move to, or remain in, overseas areas. Also, while some Green Cards have an expiration date, most Green Cards are only valid for ten years.

RECOMMENDATION: Policies for maintaining permanent residency should be reevaluated for Gold Star Families and Surviving Spouses of Retired Service members who remain outside the U.S. for an extended period of time with an aim to ease the administrative hurdles involved in renewing a green card where / when appropriate and alleviating the difficulties many of these former green card holder beneficiaries face in traveling to CONUS to visit family, attend CONUS-based Gold Star meetings and military unit reunions, and visit the graveside of their deceased Soldier.

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

LTC (Ret) David V. Fulton, President, Army Europe and Africa Retired Soldier Council

CSA RETIRED SOLDIER COUNCIL COMMENTS: The Council recognizes the expiration and renewal issue with the Green Card and Visa, for Gold Star Families with only foreign passports. It adversely affects the surviving family members' opportunity to remain connected to the military for as long as they desire. However, the Council believes this issue should be redirected to the Army's Survivor Advisory Working Group (SAWG). The SAWG represents the community of Surviving Family members whose loved ones served in the Army. The SAWG can evaluate and provide the Army Senior leadership recommendations as a quality-of-life issue.

Issue 2026-02-05

INSTALLATION COUNCIL: Army Europe and Africa Retired Soldier Council

SUBJECT: Military Services Coordinator (OMSC) Offices in Europe and Asia

DISCUSSION: In 2025, as a result of a VA restructuring effort, all Overseas Military Services Coordinator (OMSC) Offices in Germany, Italy and the United Kingdom were shuttered. Since July 2025, OMSCs have only provided virtual support from U.S.-based offices. Lack of in-person OMSC support reduces the responsiveness and effectiveness of post-transition VA support to eligible U.S. Military Retirees and non-Retiree Veterans living overseas.

It should be noted that VA maintains a Benefits Delivery at Discharge (BDD) office at Landstuhl Regional Medical Center (for Europe, Africa and Middle East regions) and Camp Humphreys, Korea (for Asia-Pacific region). However, these offices are mainly focused on support for processing initial disability benefits claims for Military Personnel within 180 to 90 days before transition. Unlike OMSCs, BDD offices do not assist Veterans who have already left military service.

Currently, the only VA sources of post-transition assistance for overseas Veterans are OMSCs, Pittsburgh Veterans Benefit Office (which has oversight for overseas Veteran support), and CONUS-based Foreign Medical Program office. While this support is appreciated, it is not sufficient, nor responsive enough, to support the OCONUS beneficiary requirements.

RECOMMENDATION: VA should re-establish OMSC functions or in-person support cells, OCONUS to support U.S. Veterans living or working overseas, and other eligible beneficiaries.

APPROVED BY INSTALLATION/GARRISON/ASCC RETIRED SOLDIER COUNCIL CHAIRPERSON(S):

LTC (Ret) David V. Fulton, President, Army Europe and Africa Retired Soldier Council

CSA RETIRED SOLDIER COUNCIL COMMENTS: Recommend Closure of this Issue. The VA will re-establish OMSC functions or in-person support cells, in the OCONUS (to include Japan and South Korea) to support U.S. Veterans (and other eligible beneficiaries) living or working overseas. The representative for Italy has been selected and should report soon. The two representatives for Germany have not been identified yet; until such as they are and are on the ground in Germany, recommend that the Army in Europe & Africa Retired Soldier Council monitor the execution and advise the CSARSC of any issues.

Issue 2026-02-06

INSTALLATION COUNCIL: Army Retirement Services Office

SUBJECT: Non-regular Retired Pay Application Processing Backlog

DISCUSSION: Army Human Resources Command continues to have challenges with processing non-regular retired pay applications causing delay in the start of non-regular retired pay. Non-regular retired pay is complex and requires multiple sections within the Reserve Personnel Management Directorate (RPMD) to accurately process a non-regular retired pay application. The complexity also requires increased level of training and expertise within those teams. The system is stretched to a point that any unexpected issue can cause a backlog despite efforts by the RPMD to modernize and streamline efforts. Most recently, the lapse in appropriations has resulted in a backlog of approximately 1,500 packets.

RECOMMENDATION: Army provide short-term and long-term solutions to this issue.

Short-term:

- Provide ADOS funding for Army Human Resources Command to assist teams that process retirement points corrections, generate DD Forms 214/214-1, and process non-regular retired pay.

Long-term:

- Explore options to decrease turnover within RPMD specifically the teams that: process retirement points correction, generate DD Form 214/214-1, and process non-regular retired pay
- Explore options to increase manning and grade levels within the teams outlined above
- Continue with modernization efforts

CSA RETIRED SOLDIER COUNCIL COMMENTS: The Council strongly emphasizes that U.S. Army Human Resources Command (HRC) must continue to provide the appropriate resources necessary to eliminate the current Reserve retirement packet processing backlog, improve the overall retirement packet process, and ensure there are no future backlogs. Delays in processing Gray Area Retired Soldiers' benefits due to HRC's retirement packet processing backlog adversely impacts retiring Soldiers' financial well-being, could delay military retirement benefits to include TRICARE, and creates a negative perception of the Army's support of Retired Soldiers. The timely processing of their retirement applications would send a strong message to retiring Gray Area Soldiers that the Army values their service. HRC provided the Council with information that the cause of the current Reserve retirement packet backlog were issues outside of HRC's control, such as the "hiring freeze," civilian retirement incentives, HRC manning reductions, and the government shutdown. HRC reduced the Reserve retirement packet backlog from 1,500 to about 1,200 as of March 2026 and expects to eliminate it by July 2026. HRC must continuously reassess the Reserve Retirement Processing Section's process to ensure that staffing levels, to include ADOS, and

system modernization preclude a future retirement packet backlog. The council requests HRC brief the council on the current Reserve retirement packet processing timeline at each yearly Council meeting until HRC can certify the Reserve retirement packet processing issue is resolved.

Issue 2026-03-07

INSTALLATION COUNCIL: Army Europe and Africa Retired Soldier Council

SUBJECT: Communicating with Retired Soldiers and Annuitants

DISCUSSION: The Department of Defense and our Army continue to be unable to communicate effectively with all Retired Soldiers and Annuitants in a manner that is both timely and all-inclusive even though there are legal requirements to do so.

This capability is more significant for individuals residing in foreign countries than it is for individuals residing on the United States due to the lack of alternate sources of reliable, pertinent information.

The Retiree Locator Database, which IMCOM provides to Retirement Service Offices worldwide, was created for the purpose of communicating with Retirees and Annuitants. However, this database is considerably cumbersome – bordering on unusable - for application in foreign countries as it is derived from DMDC-provided data.

The DMDC-provided data is derived from DEERS. However, no standard exists for the entry by data-entry clerks at installations of the postal address into data fields formatted for individuals residing in CONUS. For example, as there is no identified field for foreign postal codes' These codes, which are essential in identifying in what garrison footprint an individual resides, are sometimes entered into the ZIP code field, or sometimes into the city field preceding the city name (which is common in Europe), or sometimes into a variety of other fields.

Data-entry clerks have not been provided with any guidance on which fields to use other than simply to accept the formatting the individual prefers.

Perhaps more significantly, there is no motivation for individuals to update their data in DEERS – as there is for their data in DFAS. Consequently, postal addresses and email addresses are often woefully out of date in DEERS. A review of a recent DMDC extract confirmed that situation.

Lastly, the algorithm DMDC uses to extract data by country from the DEERS database appears to be lacking when compared to data obtained from the DFAS and the DOD Actuary. As of 31 March 2025, DMDC reported 3,141 retired Servicemembers residing in Germany. As of 22 May 2025, DFAS reported 8,346 retired Servicemembers residing in Germany. As a control, DOD Actuary reported, as of 30 September 2022, 7,309 retired Servicemembers residing in Germany, suggesting that the DFAS-provided data is a more reliable source of accurate data.

RECOMMENDATION: The Retiree Locator Database be reconfigured to be based on DFAS-provided data.

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

LTC (Ret) David V. Fulton, President, Army Europe and Africa Retired Soldier Council

CSA RETIRED SOLDIER COUNCIL COMMENTS:

Feedback indicates that overseas retirees are disproportionately affected due to outdated or inaccurate contact information—particularly foreign addresses within DEERS. This creates risk in disseminating critical updates related to benefits, policy changes, and entitlements. While stateside retirees often have redundant channels of information, those abroad rely heavily on official DoD communication systems that are currently inconsistent.

Based on recent updates, ongoing efforts to improve communication systems are moving in the right direction. The council recommends continued oversight and monitoring of these initiatives until full operational effectiveness is achieved. Additionally, prioritization should be given to resolving foreign addresses and phone numbers update challenges within DEERS to ensure inclusive and reliable communication with all retirees, regardless of geographic location.

INSTALLATION COUNCIL: Fort Campbell, KY Retired Soldier Council

SUBJECT: Retirement Challenges Affecting Army National Guard (ARNG) Soldiers

DISCUSSION: Inconsistent policy implementation, state-level administrative disparities, and information systems containing incorrect data have created long-standing retirement challenges for Army National Guard (ARNG) Soldiers. Many Soldiers do not discover errors until reaching their 20-year letter or gray-area status, at which point corrective action becomes complex or irreversible. The Retirement Points Accounting Management (RPAM) system has suffered from inconsistent data entry, missing active-duty orders, and incomplete transfer of historical records. These errors frequently result in incorrect crediting of service and delays in issuing accurate 20-year letters. Retirement order production, SBP counseling, and benefits processing timelines are not standardized and vary widely across the country. Some packets are completed within 30 days, while others take six months or more, causing uncertainty for Soldiers and families. Soldiers who have completed 20 qualifying years but are not yet eligible for retired pay often experience inconsistent communication from states, difficulty maintaining DEERS/ID card access, limited visibility on benefits changes, little to no standardized structure for casualty assistance or survivor support. This population remains effectively disconnected from the force. Transitioning from TRICARE Reserve Select (TRS) to TRICARE Retired Reserve (TRR) imposes substantial cost increases. Soldiers cannot access TRICARE Prime until reaching retired pay eligibility, creating financial and medical readiness risks during the gray-area period. Lack of consistent counseling results in misinformation about SBP, early age reductions, GI Bill transferability, and TRICARE timelines. ARNG retirees report decreased connection to the service due to inconsistent access to installation support, retiree appreciation news and events, and communications. This negatively impacts long-term advocacy, recruiting, and community engagement. While individual states and NGB have implemented several improvements—such as RPAM audits, the implementation of IPPS-A, mobilization tracking initiatives, and revised DEERS guidance, these efforts vary widely in execution. The core challenges stem from fragmented administrative systems, differing state capabilities, outdated guidance, and lack of access to standardized retirement education and information. The result is a cumulative strategic risk: Soldiers perceive the retirement process as unpredictable and administratively burdensome, undermining trust in the Army's commitment to lifelong care.

RECOMMENDATION: Direct NGB and ASA(M&RA) to Develop standardized ARNG Retirement processing standards. Establish a uniform timeline and standards for packet processing, SBP counseling, and mobilization credit verification across all states. Implement an expanded mandatory ARNG Retirement Education Program. Modernize and Integrate RPAM and Mobilization Tracking Systems. Utilize the capabilities of IPPS-A to ensure all qualifying active service—especially under contingency, homeland, or COVID orders—is

accurately captured within IPPS-A and transmitted to DFAS. Establish Gray-Area Retiree Liaison Officers (GARLOs) in Each State. GARLOs would provide a consistent point of contact for ID card renewals, DEERS updates, survivor support, and benefits education for those who have received a notification of eligibility but have not yet applied for retired pay. Improve TRICARE Transition Support and Explore Cost-Reduction Options. Work with DHA and OSD to assess TRR affordability and develop clearer communication products during the final years of service. Standardize GI Bill transfer counseling, requiring states to brief transfer requirements no later than the 12-year mark and annually thereafter. Direct NGB to strengthen retiree communication and outreach by establishing a coordinated communication strategy for retirees, including newsletters, digital portals, and synchronized retiree appreciation days. Support pending legislation to allow gray-area retirees access to TRICARE Reserve Select (TRS). Legislative proposals in recent NDAA cycles have recommended amending Title 10 §1076d to extend TRS eligibility to Retired Reserve personnel not yet in receipt of retired pay. Endorsing or supporting this legislative change would significantly reduce out-of-pocket healthcare costs for gray-area retirees and improve continuity of care and reduce medical readiness risks for this population. This change would close one of the most persistent gaps in Guard and Reserve retirement equity.

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

CW5 (Ret) Doug Englen, Fort Campbell, KY Retiree Council Chairman

CSM (Ret) Richard Woodring, Fort Campbell, KY Retiree Council Co-Chairman

CSA RETIRED SOLDIER COUNCIL COMMENTS:

During discussions with NGB leadership, the Council acknowledges that the 54 States and Territories have different processes and resourcing challenges. The Council recommends prioritizing manning/resourcing for ARNG State Retirement Services Officers to establish, stability, consistency and technical capability to effectively support the retiring and retired Soldier. To address the ongoing application processing challenges, the Council recommends the Army sustains funding for ADOS personnel at Human Resources Command until permanent solutions currently pursued by HRC are enacted.

The second concern presented in this issue relates to transitioning gray area retirees (GAR) from TRICARE Reserve Select (TRS) to TRICARE Retired Reserve (TRR) resulting in a significant increase in out-of-pocket healthcare premiums. Gray-area retirees are ineligible for TRICARE For Life until retired pay eligibility, creating a coverage and affordability gap. Feedback from both NGB and OCAR indicates current TRR premium structures are cost-prohibitive. The gap in affordable care during the gray-area period undermines quality of life and long-term force sustainment. Therefore the Council recommends these personnel are authorized reduced premium rates for TRR or extend (TRS) eligibility into the gray-area period.