



THE ASSISTANT SECRETARY OF THE NAVY
(MANPOWER AND RESERVE AFFAIRS)
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WASHINGTON, D.C. 20350-1000

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From: Gregory J. Slavonic, Assistant Secretary of the Navy (Manpower and Reserve Affairs)

To: Co-Chairs, Secretary of the Navy Retiree Council

Subj: SECRETARIAT RESPONSE TO THE 2019 SECRETARY OF THE NAVY'S RETIREE COUNCIL REPORT

Ref: (a) SECNAVINST 5420.169K

(b) 2019 Secretary of the Navy Retiree Council Report, dated September 18, 2019

1. The Secretary of the Navy's Retiree Council (hereafter referred to as "the Council") met at the Washington Navy Yard August 12-16, 2019, pursuant to reference (a). I have reviewed the Council's 2019 report reference (b) and am pleased to provide the following responses and actions regarding each issue.

2. Issue 2019-01: DHA Responsibility for MTFs & DoD Reduction of Medical Billets

a. Council's Issue Description: Defense Health Agency (DHA) now has the responsibility for all Military Treatment Facilities (MTFs). Originally planned as a regionally phased integration scheduled for completion in 2020, it has now been accelerated for implementation by 1 October 2019. Each Service retains responsibility for medical operational readiness. Tied to the DHA responsibility for the MTFs, all services have been directed to reduce medical billets by a total of 16,000 to 17,000 (USN - ~5,300 billets). This reorganization will impact delivery of medical services to retirees and dependents on bases.

b. Council's Proposed Solution/Recommendation: In reference (b), the Council recommended that the Department of the Navy (DoN):

- (1) Collaborate with DHA to ensure retiree and dependent medical care is adequately provided.
- (2) Acquire from DHA a completed plan of implementation for analysis and comment.
- (3) Ensure adequate medical personnel are available.
- (4) Collaborate with DHA to require TRICARE to evaluate and report on its provider networks.
 - Identify underserved areas for both general and specialty care.
 - Provide a course of action to service the underserved areas.
 - Identify and implement cost saving measures designed to reduce the impact of total out-of-pocket payments.

c. Secretariat Response: DoN is keenly aware and sensitive to retiree concerns related to Access to Care (ATC) issues as CONUS MTF management and oversight transitioned to DHA on October 25, 2019. From the start, all senior agency stakeholders involved in this transition have acknowledged these initiatives are designed to gain efficiencies and reduce costs in the Military Health System (MHS). Transition of MTF management and oversight functions from individual Services to DoD and DHA is an attempt to improve effectiveness of medical care through greater alignment of military preparedness and manpower within the confines of our

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Defense budget. Due to this necessary reform there is the possibility of ATC issues; however, BUMED is working tirelessly with DHA, DoD and Service Medical Departments to mitigate any ATC issues, and actively collaborating with all stakeholders within the MHS to ensure retiree equities are considered.

<p><i>(1) Collaborate with DHA to ensure retiree and dependent medical care is adequately provided.</i></p>	<p>BUMED actively collaborates with DHA and Service Medical Departments to monitor the delivery and ATC for all categories of beneficiaries, for both primary and specialty care, across all geographic areas. Measures addressing quality of care in the MTF, patient safety, patient experience and ATC are monitored through several committees and working groups at BUMED and throughout the MHS. Mitigation strategies are recommended when performance measures are not being met and best practices are shared across the enterprise for performance improvement.</p>
<p><i>(2) Acquire from DHA a completed plan of implementation for analysis and comment.</i></p>	<p>DoN will continue to be an active stakeholder working with BUMED, DHA, DoD and the MHS to improve retiree quality and access to care; however, there is no specific completed plan of implementation as the working groups and committees monitoring this transition are ongoing.</p>
<p><i>(3) Ensure adequate medical personnel are available.</i></p>	<p>As stated in comment (1), BUMED collaborates with all MHS stakeholders to monitor all aspects of quality and ATC, to include medical personnel staffing.</p>
<p><i>(4) Collaborate with DHA to require TRICARE to evaluate and report on its provider networks.</i></p> <ul style="list-style-type: none"> <i>• Identify underserved areas for both general and specialty care.</i> <i>• Provide a course of action to service the underserved areas.</i> <i>• Identify and implement cost saving measures designed to reduce the impact of total out-of-pocket payments”</i> 	<p>As stated in comment (1), BUMED actively collaborates with all MHS stakeholders to monitor all aspects of quality and ATC. The impact of DHA transition on the delivery of healthcare is monitored through several strategies such as metrics, provider networks, manpower and staffing, patient experience surveys, and patient satisfaction surveys. Cost saving measures are always considered when reviewing MTF healthcare and network adequacy.</p>

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3. Issue 2019-02: TRICARE Fee Increases

a. Council's Issue Description: TRICARE Prime Retirees are paying increased fees associated with the TRICARE Health program.

b. Council's Proposed Solution/Recommendation: In reference (b), the Council recommended that the Department of the Navy (DoN):

- (1) Propose DoD establish a standard protocol that adequately informs all TRICARE beneficiaries and the various services of TRICARE fee increases tied to an agreed upon index such as COLA, grandfathering as appropriate.
- (2) Track and engage with Defense Health Agency any proposed TRICARE fee actions and Congressional legislation that would increase TRICARE fees to beneficiaries.
- (3) Support and share information with other service Retiree Councils and VSOs to broaden opposition to TRICARE fee increases.

c. Secretariat Response: DoN understands the frustration some retirees may feel over TRICARE fee structures; however, it is important to understand the larger context associated with TRICARE fee establishment and promulgation, which falls under the purview of DHA/DoD. BUMED tracks and is an active participant on DHA committees related to TRICARE plan development and fees. Information is regularly shared with DHA and other Service subject matter experts (SMEs). When there are changes to TRICARE fee structures, BUMED engages with DHA to ensure that a standard protocol is used to inform TRICARE beneficiaries of the change in fees. BUMED does ensure this information is shared to retirees through Military and Veteran Service Organizations (MSO/VSO).

<p>(1) Propose DoD establish a standard protocol that adequately informs all TRICARE beneficiaries and the various services of TRICARE fee increases tied to an agreed upon index such as COLA, grandfathering as appropriate.</p>	<p>When there are changes to TRICARE fee structures, BUMED engages with DHA to ensure that a standard protocol is used to inform all TRICARE beneficiaries of the change in fees. Currently, DHA utilizes the Beneficiary Education Plan, which provides information through web sites, webinars, direct mailings to beneficiaries, newsletters, communication with MSO/VSO, and other military, veteran and base organizations. Much of this information is disseminated after legislation, or when TRICARE fee changes have already occurred. However, MSO/VSOs are notified of proposed TRICARE fee changes before they occur.</p>
<p>(2) Track and engage with Defense Health Agency any proposed TRICARE fee actions and Congressional legislation that would increase TRICARE fees to beneficiaries.</p>	<p>Concur. See comment (1).</p>

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<i>(3) Support and share information with other service Retiree Councils and VSOs to broaden opposition to TRICARE fee increases.</i>	Concur. See comment (1).
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4. Issue 2019-03: Survivor Benefit Plan (SBP)/Dependency and Indemnity Compensation (DIC) Offset

a. Council's Issue Description: Current law requires military surviving spouses forfeit part of their military SBP annuity when the military member's death was service connected (the SBP/DIC offset). As a result, approximately 65,000 surviving spouses are penalized almost \$16,000 annually. If the member had elected an SBP annuity, the law requires deduction of the VA-paid DIC annuity, from the SBP.

b. Council's Proposed Solution/Recommendation: In reference (b), the Council recommended that the Department of the Navy (DoN):

(1) SECNAV continue to support repeal of the offset and the identification of cost offsets below. The DoD Office of the Actuary forecasted the offset's cost over a 10-year period, if immediately repealed, as \$8B. Alternatives to make up the cost of repeal are:

- Terminate Special Survivor Indemnity Allowance (SSIA) and recoup the costs (10-year runout estimated at \$2B FY19-29).*
- Take a small percentage of the interest from Military Retiree Trust Fund assets of \$813.9B as of FY18 to pay for/eliminate the offset over a period of seven years.*
- Eliminate half of the offset by increasing the SSIA by \$50 annually over five years, or ten years to fully offset*

c. Secretariat Response: The National Defense Authorization Act (NDAA) for Fiscal Year 2020 directed the implementation of the "Phase-Out of Reduction of Survivor Benefit Plan Survivor Annuities by Amount of Dependency and Indemnity Compensation." We are at work analyzing the change, and making plans for the implementation, however, we will be not be able to answer questions about the full effect of this change in the law until we obtain legal interpretation of the changes and identify the impacts on policy and procedures. Based on the NDAA, Spouse SBP annuitants who are subject to the DIC offset will see the first change in the SBP annuity payment they receive on February 1, 2021. You do not need to notify us that your SBP payment is affected by this change in the law. Those who received a refund of SBP premiums paid due to the SBP-DIC offset need not pay back that refund because of this change. The "Repeal of Authority for Optional Annuity for Dependent Children" and "Restoration of Eligibility for Previously Eligible Spouses" in the NDAA only affect those spouses and children of service members who died on active duty or inactive duty when the surviving spouse previously elected to transfer the SBP annuity to a child or children. They do not affect previous or future SBP elections by retirees or SBP annuities for a retiree's beneficiaries.

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5. Issue 2019-04: Retiree Activity Office (RAO) Program Effectiveness and Resourcing

a. Council's Issue Description: There is a lack of active and vibrant exchange of current issues between the Retiree Activity Offices (RAOs) and the SECNAV Retiree Council via OPNAV's Retired Activities Program Office (N170C) and Headquarters Marine Corps Retired Services and Pay Section (MMSR-6). This is likely exacerbated by a paucity of adequate resourcing by OPNAV N170C, which impacts the ability of the Retiree Activities Program Director to attend the Retiree Appreciation Days (RADs), direct RAO adherence to retiree activity program instructions, or fund attendance of SECNAV Retiree Council members at various retiree conferences.

b. Council's Proposed Solution/Recommendation: In reference (b), the Council recommended OPNAV N170C and MMSR-6 initiate action to ensure adherence to SECNAVINST 5420.169K, OPNAVINST 1720.3G and Marine Corps Order 1800.10 so Navy and Marine Corps retirees are recognized as a valued part of the total force and their participation be encouraged and supported by:

(1) Seeking increased funding from OPNAV and HQMC of the N170 office and MMSR-6 to facilitate the interaction between the retired community and the SECNAV Retiree Council, to include an additional FTE at N170C in order to support attendance at RADs and establish a "battle rhythm" of communications from the RAOs.

(2) Obtain CNIC funding and support so local RAOs can plan and execute all retiree seminars and Retiree Appreciation Days, to include providing facilities, speakers, and funded attendance by OPNAV N170C and Council representatives.

(3) Brief the Council on at least a quarterly basis, by gathering, vetting, collating, and forwarding input from the RAOs as it is received. This should be accomplished at least by 1 April every year and forwarded to the SECNAV Retiree Council no later than 1 May so that the Council can evaluate these issues for inclusion and consideration during their annual meeting.

(4) Direct funding support from CNIC, OPNAV, and HQMC to facilitate Council attendance and participation at RADs if personnel are travelling from beyond their local area of residence.

(5) Establish a program (e.g., "Sailor/Shipmate for Life") program, which would embrace the total force better (active, reserve, retired, and Navy veterans), similar to other services' programs ("Marine for Life," "Soldier For Life;" Coast Guard's "Long Blue Line").

c. Secretariat Response: Although DoN is highly supportive of the RAO programs for both the Navy and Marine Corps, the current resource constrained environment, and other Navy and Marine Corps priorities, make it incredibly difficult to expand these programs. Navy and Marine Corps currently each have one full-time program manager for RAO, respectively, who provides communications, guidance, training, and leverages multiple avenues to deliver information through Retired Activities Directors, periodic site visits, email communications, *Shift Colors* publication, and Retiree Appreciation Days across the U.S. and overseas. The one stop shop for this information is located on the Navy Personnel Command's (NPC) Retired Activities Branch website - https://www.public.navy.mil/bupers-npc/support/retired_activities/Pages/default.aspx and the Marine Corps Manpower website - https://www.manpower.usmc.mil/portal/page/portal/M_RA_HOME/MM/H_SR

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<p><i>(1) Seek increased funding from OPNAV and HQMC of the N170 office and MMSR-6 to facilitate the interaction between the retired community and the SECNAV Retiree Council, to include an additional FTE at N170C in order to support attendance at RADs and establish a “battle rhythm” of communications from the RAOs.</i></p>	<p>Due to other required priorities and constrained budgets for both the Navy and Marine Corps it will be incredibly difficult to expand RAO programs beyond their current state. Regardless, the respective Navy and Marine Corps Retired Activities Branch website contain various communications related to the retiree community, including the <i>Shift Colors</i> publication and the current FY20 schedule for Retiree Appreciation Days. It is the go-to source for all RAO communications and correspondence.</p>
<p><i>(2) Obtain CNIC funding and support so local RAOs can plan and execute all retiree seminars and Retiree Appreciation Days, to include providing facilities, speakers, and funded attendance by OPNAV N170C and Council representatives.</i></p>	<p>See comment (1)</p>
<p><i>(3) Brief the Council on at least a quarterly basis, by gathering, vetting, collating, and forwarding input from the RAOs as it is received. This should be accomplished at least by 1 April every year, and forwarded to the SECNAV Retiree Council no later than 1 May so that the Council can evaluate these issues for inclusion and consideration during their annual meeting</i></p>	<p>The Fall-Winter editions of <i>Shift Colors</i> (2018 & 2019) provided detailed information on My Navy Career Center (MNCC), to include hours of operation and metrics on customers supported, to include Active Duty, Reserve, Retirees and their families. OPNAV N17 is coordinating with MNCC to continue to gather retiree metrics and brief the SNRC on a quarterly basis. In addition, in FY20, as in previous years, the program managers will continue to attend SNRC quarterly meetings, brief on any RAO issues and support funding for the SNRC members to attend Retired Appreciation Days.</p>
<p><i>(4) Direct funding support from CNIC, OPNAV, and HQMC to facilitate Council attendance and participation at RADs if they are travelling from beyond their local area of residence</i></p>	<p>See comment (1)</p>
<p><i>(5) Establish a program (e.g., “Sailor/Shipmate for Life”) program, which would embrace the total force better (active, reserve, retired, and Navy veterans), similar to other services’ programs (“Marine for Life”, “Soldier For Life; Coast Guard “Long Blue</i></p>	<p>A “Sailor/Shipmate for Life” style of program is something we should certainly strive for in the future. Given the current constrained resource environment, adequate funding to establish such a program will be hard to achieve. However, I will task the Retired Activities Branches of the</p>

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Line")	Navy and Marine Corps with studying the various requirements and cost drivers associated with establishing such a program in order to potentially inform future advocacy and programming efforts.
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6. Issue 2019-05: Suicide Prevention

a. Council's Issue Description: On average, 20 service members and veterans die by suicide each day. We must do better in fulfilling our solemn obligation to care for all those who have served our country. Retirees represent an undetermined percentage of veterans at risk for suicide. According to Dr. David Carroll, PhD, Executive Director, Office of Mental Health and Suicide Prevention VA, veterans over the age of 55 face increased risk of suicide. Between 2005 and 2018, approximately 58% of all Veterans who died by suicide were age 50 or older. There is a need to provide increased quality mental health services and make those services readily available to veterans, retirees, and their families. The Council believes there may be a significant number of Navy and Marine Corps retirees among these statistics who may be at high risk for suicide.

b. Council's Proposed Solution/Recommendation: In reference (b), the Council recommended that the Department of the Navy (DoN):

(1) Collaborate with Defense Finance and Accounting Service (DFAS) to capture and provide data on military retiree suicides.

(2) Direct the USN and USMC to conduct a review of suicide and mental health training in the active/reserve forces and, if appropriate, consider implementation of suicide prevention training that builds through the continuum of service from entry-level through retirement.

(3) Increase existing "peer to peer" connections and communications with support groups, VSOs, etc.

(4) Include suicide prevention information in transition classes, retiree communications, and newsletters.

c. Secretariat Response: DoN shares the concerns of the Council regarding retiree suicide prevention efforts. One suicide is one too many. Fortunately, wide ranging efforts are underway within the DoN to explore risks and protective factors for suicide, improve predication models, and implement evidence-based screening and treatment initiatives. BUMED actively collaborates with DHA, OPNAV, VA and others to provide subject matter expertise in the area of suicide prevention.

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<p><i>(1) Collaborate with Defense Finance and Accounting Service (DFAS) to capture and provide data on military retiree suicides</i></p>	<p>A formal data sharing agreement with DFAS related to suicide factors does not currently exist. The “manner of death,” specifically “natural, suicide, accident, or homicide” is required by DFAS when reporting a retiree’s death, therefore, data on the subject is available. However, due to the sensitive nature of the content DHA will have to enter into an agreement with DFAS in order to receive these statistics. This does not preclude this arrangement from happening in the future. For instance, there is currently a Memorandum of Agreement (MOA) between DHA and the VA’s Office of Mental Health and Suicide Prevention (OMHSP), which ensures DHA provides DoD Suicide Event Report case-level data to VA OMHSP to analyze for Veteran’s health activities, including clinical care, public health, program evaluation, and research. In addition, the Marine Corps Directorate of Analytics and Performance Optimization handles some of the suicide data analytics for the Marine Corps.</p>
<p><i>(2) Direct the USN and USMC to conduct a review of suicide and mental health training in the active/reserve forces and, if appropriate, consider implementation of suicide prevention training that builds through the continuum of service from entry-level through retirement</i></p>	<p>The Navy and Marine Corps already conduct suicide and mental health training in the active and reserve forces on an annual basis. A prime example is the Universal Marine Awareness and Prevention Integrated Training (UMAPIT), whereby embedded Navy providers and Operational Stress Control and Readiness (OSCAR) mental health professionals provide specialized prevention services where needed, and Suicide Prevention Program Officers (SPPO) ensure coordination of resources for each commander’s suicide prevention program. The Navy’s Suicide Prevention Program is managed by OPNAV N170F, which ensures yearly awareness training for all active and reserve units. In addition, suicide prevention is addressed during the Transition GPS sessions for members separating or retiring from military service.</p>

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<p><i>(3) Increase existing "peer to peer" connections and communications with support groups, VSOs, etc</i></p>	<p>All VSOs have resources to support suicide prevention and both TRICARE and Military One Source offer suicide prevention hotlines and coordination resources.</p>
<p><i>(4) Include suicide prevention information in transition classes, retiree communications, and newsletters</i></p>	<p>Suicide prevention information is provided during Transition GPS classes and going forward we will ensure our <i>Shift Colors</i> and <i>Semper Fidelis</i> publications have Military One Source and National Suicide Hotline Prevention contact information.</p>

7. Issue 2019-06: Retiree Care under VA MISSION Act

a. Council's Issue Description: The MISSION Act was enacted to expand the ability of veterans to receive community health care and assisted care provided through the VA and expands the Caregiver Program to retirees outside of the current VA eligibility criteria.

b. Council's Proposed Solution/Recommendation: In reference (b), the Council recommended that the Department of the Navy (DoN):

(1) Community Care – Request the VA ensure an adequate number of care providers for retiree quality care.

(2) Caregiver Program

- Track the expansion of this as outlined in phases listed above*
- Oppose any obstacles (stricter criteria) which will make it difficult to obtain eligibility for the program.*

c. Secretariat Response: DoN shares the Council's concerns regarding adequate retiree health coverage under the MISSION Act. While VA has long purchased care from the private sector when it is unable to provide certain services through its medical facilities, the amount of VA purchased care has grown substantially in recent years in part due to actions such as the MISSION Act of 2018, which requires program eligibility expansion of the VA Family Caregiver Program to a larger segment of the Veteran population. It is imperative to note the sole responsibility for successful execution of the expansion of the VA's Caregiver program, along with adequate expansion of accompanying medical personnel resources, falls under the purview of the VA. VA does collaborate directly with DoD via the DoD/VA Collaboration Office (DVCO), and DoN stands ready support the DoD, DVCO and VA in the event Service specific information is required.

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<p><i>(1) Community Care – Request the VA ensure an adequate number of care providers for retiree quality care.</i></p>	<p>As stated in Secretariat response (c), VA is solely responsible for ensuring eligible Veterans (to include retirees) receive quality care in a timely manner, and within established VA ATC standards.</p>
<p><i>(2) Caregiver Program</i></p> <ul style="list-style-type: none"> • <i>Track the expansion of this as outlined in phases listed above</i> • <i>Oppose any obstacles (stricter criteria) which will make it difficult to obtain eligibility for the program</i> 	<p>As stated in Secretariat response (c), VA is solely responsible for successful execution of the expansion of the VA's Family Caregiver Program. With that said, DoN stands ready to support VA, DoD and DCVO if any Service specific requests arise.</p>

8. Issue 2019-07: Mentoring Retirees for a Second Career

a. Council's Issue Description: Once retired, Navy and Marine Corps retirees are overwhelmed with the challenges they face when they decide to embark on another career. Other than attending the required Transition Assistance Program sessions, they often find themselves at a loss for support resources once they have separated.

b. Council's Proposed Solution/Recommendation: In reference (b), the Council recommended that the Department of the Navy (DoN):

(1) SECNAV direct Navy to initiate action and resource a program for Navy retirees, similar to ongoing mentoring initiatives at Coast Guard Headquarters, and model after other successful programs such as the Soldier for Life, and Marine for Life.

c. Secretariat Response: DoN understands the challenges of military retirement; however, the current resource constrained environment, and funding of other Navy and Marine Corps priorities, make it incredibly difficult to expand the current RAO program. DoN follows rigorous Transition Assistance Program (TAP) requirements (also known as Transition GPS) as directed by Congress, which currently has a 93-95% approval rating by Service members who have attended. This program prepares Service members for their transition towards separation or retirement and connects them with partner agencies such as VA and Department of Labor (DoL), whose purpose is to assist Veterans with post-service needs. In addition, as stated in 5(c) the one stop shop for all retiree information is located on both the Navy and Marine Corps Retired Activities Branch websites. It ensures the retired community is kept up to date of their benefits, entitlements, rights, privileges and changes in retirement law, and provides customer services to our retirees, families, annuitant and survivors. The websites also contain information on Retired Activities Directors, who are located at several installations and serve as liaisons between the retiree community and all military agencies locally. Finally, Reserve Retirement Counseling Sessions (RRCS) will be held at 10 NOSC's throughout FY20. These sessions are the first of their kind and will help retiring reserve members navigate the additional nuances and complexities of reserve retirement. Further information is located on the Retired Activities Branch website.

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<i>(1) SECNAV direct Navy to initiate action and resource a program for Navy retirees, similar to ongoing mentoring initiatives at Coast Guard Headquarters, and model after other successful programs such as the Soldier for Life, and Marine for Life.</i>	See 8(c) Secretariat Response
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9. The 2019 Report also contains **Articles of Special Interest**, which are items of interest the Council is following, but not proposing formal solutions in the official report.

10. Articles of Special Interest: Commissary/Exchange Consolidation

a. Council's Issue Description: Currently, service wide commissary and exchange services are being reviewed with the goal of merging above the store operations to increase efficiencies. A task force is reviewing all DeCA and NEX operations. Navy is very reluctant to accept the recommendations of the business-based task force report prepared by the Boston Consulting Group. The task force was populated by private industry grocery concerns. Navy has asked GAO to review the task force report. The Council concurs and encourages Navy leadership to continue their opposition.

b. Secretariat Response: DoN recognizes the value of the Commissary and Exchange benefits for retirees and will continue to champion policies that support continuation of that benefit. DoN awaits the GAO review of the Task Force report and will act accordingly, with retiree equities an important consideration.

11. Articles of Special Interest: State Taxation of Retiree Income

a. Council's Issue Description: Currently, 24 states and DC tax military pensions. The other 26 states do not tax military pensions. Retirees should know which states will tax their retirement. This information may assist retirees when deciding to relocate and should be included in TGPS pre-retirement training.

b. Secretariat Response: Although DoN is not solely responsible for the course curriculum and content of Transition GPS DoN does agree this public information should be advertised to retirees and those nearing retirement transition. A perfect medium for this is *Shift Colors* and DoN will work with the Retired Activities Branch to ensure this information is prominently displayed in an upcoming issue, and perhaps the Retired Activities Branch websites.

12. Articles of Special Interest: Loss of Surviving Spouse Military Identification Card Privileges

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a. Council's Issue Description: When a surviving spouse of a deceased retired Military Member remarries (regardless of age), he/she must surrender his/her Military Dependent Identification Card. This means a surviving spouse loses access to the Commissary, the Exchange and all MWR privileges. In order to preserve a way of life that surviving spouses are accustomed after having served their country with their military spouse for a number of years, and prevent further diminishment of a customer base at Commissaries, Exchanges, and MWR activities, it is recommended the Dependent ID card of surviving spouses NOT be revoked when a surviving spouse remarries after the age of 55.

b. Secretariat Response: Rules governing military ID eligibility fall under the direct purview of DoD and the Defense Enrollment Eligibility Reporting System (DEERS) Office. DoN encourages retirees to engage with MSO and VSOs to address some of these more complex Survivor issues.

13. Articles of Special Interest: Military Retiree access to Commissary/NEX in Spain

a. Council's Issue Description: Due to the wording in the Agreement on Defense Cooperation (ADC) between Spain and the United States, U. S. military retirees are not included in the portion of the treaty that addresses personnel who are authorized access to the NEX and commissary because Spain does not recognize military retirees as being members of the US military forces. Spain is the only country where U.S. forces are permanently stationed, and exchange/commissary facilities are located where retirees are prohibited from using those facilities. Retirees affected by this denial of access suffer financial and quality of life hardships that can be resolved by U. S. Government action at NO COST. It is recommended a letter be sent from the SECNAV to the State Department, citing the fact the Navy does "consider the retiree community as being valuable members of the Total Force", as articulated in SECNAVINST 5420.169K dated 14 February 2019.

b. Secretariat Response: In order for military retirees living in Spain to gain Commissary and NEX privileges, the Agreement on Defense Cooperation (ADC) between Spain and the United States would require amending. ADCs between the US and foreign countries fall directly under the purview of the Department of State (DoS) and DoD, and any change would require a lengthy diplomatic engagement. In the event DoS and DoD arrange for an update to the ADC with Spain, DoN stands ready to submit this information for diplomatic discourse and debate.

14. Articles of Special Interest: Overseas Retiree Mail Privileges

a. Council's Issue Description Several overseas military installations are no longer allowing retirees to obtain post office boxes at their APO/FPO. This restriction prevents retirees from obtaining necessary medications, medical supplies and other personal mail services. In addition, there is a restriction in effect for all overseas retirees that prevents them from receiving mail weighing more than one pound via the USPS or Military Postal System (MPS), which likely also, in some cases, affects the retiree's ability to receive necessary medical supplies. It is recommended DASN (MMP) obtain and evaluate the regulations and policies currently in effect by the USPS, and the Military Postal Service in accordance with DoD Instruction 4525.09.

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b. Secretariat Response: DoD Postal Manual, DoD 4525.6-M, 15 August 2002, limits military retiree mail service to one pound, and costs associated with Service specific mail are delegated to the Services. Any weight increase will require an increase to the Navy's Service wide Transportation account, which funds Fleet Post Office mail. Under the current resource constrained environment, it will be difficult to increase funding for this account.

15. Articles of Special Interest: My Navy Career Center (MNCC)

a. Council's Issue Description MNCC is a Navy Help Desk, which can be reached at 1-833-300-6622 and is intended to be utilized by the active, reserve, and retired communities to resolve myriad issues, such as casualty assistance and pay and benefits. However, MNCC is not widely known throughout the retired community. It is recommended OPNAV N-170C include a concise article for inclusion into "Shift Colors", completely articulating the intent of MNCC and the issues it is intended to resolve for retirees, and gather complete metrics on the calls received from the retired community into MNCC and present them to the Council.

b. Secretariat Response: DoN is happy to report the Fall-Winter editions of *Shift Colors* (2018 & 2019) provide detailed information on MNCC, to include hours of operation and metrics on customers supported, to include Active Duty, Reserve, Retirees and their families. It also explains that by communicating with an MNCC agent by phone or email, retirees and their families can inquire about several topics, to include ID cards/DEERS, medical benefits, status of Reserve retirement, Post-9/11 GI Bill, and survivor benefits plans. In addition, OPNAV N17 is coordinating with MNCC to continue to gather retiree metrics and brief the SNRC on a quarterly basis, starting with the Q1FY20.

16. Articles of Special Interest: VA Community Living Center (Nursing Home) Quality of Care

a. Council's Issue Description VA Community Living Centers (CLC) and VA contracted nursing homes are accountable for providing quality care for retirees, some of whom are our most vulnerable retired elders, for whom these may be a last resort for care. We are pleased that VA has made efforts to improve transparency and disclosure on metrics and inspections related to quality of care. We remain concerned about any CLC or VA contracted nursing home that is performing at a sub-standard level (i.e. 1 or 2 stars based on the 5-star rating system). Consideration should be given to allow the veteran the choice to receive VA contracted care at a private facility of the veteran's choice. We advocate that the VA increase the regulatory oversight for VA nursing homes performing at a 1- or 2-star level, designating them a Special Focused Facility, requiring increased monitoring.

b. Secretariat Response: DoN shares the concerns of the Council regarding the quality of CLCs for our retirees. Our retirees deserve the best and CLCs should meet the highest standards of quality. It is important to note VA is solely responsible for the oversight and management of VA nursing homes. DoN stands ready to support DoD, DVCO, and VA for any Service specific requests.

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17. Articles of Special Interest: Monitoring Report for the Burn Pit Issue

a. Council's Issue Description Exposure to burn pits for post 9/11 veterans serving in Iraq and Afghanistan is believed to be related to long-term health problems for veterans. We will continue to monitor the Burn Pit Issue. Congress is aware of this issue and hopefully will soon pass legislation that will remove obstacles for individual veterans seeking disability compensation and other benefits due to direct service connection. It is desirable that the VA publish a Burn Pit Presumptive Illness list as they have for Gulf War Syndrome. We support the VSO's efforts to track legislation related to exposures and presumptive conditions.

b. Secretariat Response: Currently, no regulatory or statutory presumptions for service connections have been established based on exposure to burn pits, although cases are adjudicated on a case-by-case basis. VA is continually reviewing medical research and follows trends related to medical conditions affecting Veterans, to include airborne hazards exposure. There are multiple ongoing and extensive studies by DoD and VA examining airborne hazards exposure, and the VA has contracted with the Institute of Medicine to provide a second comprehensive review of respiratory health effects of airborne hazards in Southwest Asia, with results expected in the Summer of 2020. DoN and BUMED stand ready to support DoD and VA for any Service specific requests.

18. Articles of Special Interest: Monitoring Report for the Blue Water Navy Issue

a. Council's Issue Description The Blue Water Navy issue is now law and will be implemented January 2020. It is the Council's recommendation that this issue be monitored. Particularly, SECNAV needs to monitor Blue Water Navy Vets currently not covered due to the definition of territorial waters, ex. veterans who served on aircraft carriers. Additionally, many administrative eligibility items need definition and resolution. They include: 1) A list of ships in the designated areas during the time periods covered by the Court decision and HR299 exists, but the Navy Archives list is still being updated; and 2) Congress should appropriate suitable resources for the complete and immediate implementation of the Blue Water Navy Vietnam Veterans Act. Congress will need to assist the VA to ensure this vulnerable group receives the health care and benefits they have been denied for decades.

b. Secretariat Response: The Blue Water Navy Vietnam Veterans Act of 2019 officially became law on January 01, 2020 and VA already reported they are adjudicating claims for Blue Water Navy Veterans. DoN applauds the efforts of the Council for monitoring and advocating for this effort over the past few years. DoN also understands there are challenging nuances to this coverage that VA will have to manage, and DoN stands ready to support VA if any specific Service specific request for information arise.

19. Please convey my thanks to the entire Council for the ongoing diligence pursuing issues of significant impact to our retired Sailors and Marines. I ask that you continue this important

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mission and bring to my attention those issues most pressing for retirees. I welcome further
discussion and look forward to your continued work in 2020.

A handwritten signature in black ink, appearing to read "Greg Slavonic", with a large circular flourish at the beginning and a horizontal line extending to the right.

Gregory J. Slavonic

Copy to:
OPNAV N1
MMSR-6

