



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

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From: Deputy Assistant Secretary of the Navy (Military Manpower and Personnel)  
To: Co-Chairs, Navy and Marine Corps Retiree Council

Subj: SECRETARIAT RESPONSE TO THE 2023 NAVY AND MARINE CORPS RETIREE  
COUNCIL REPORT

Ref: (a) SECNAVINST 5420.169K  
(b) 2023 Navy and Marine Corps Retiree Council Report of 31 August 2023

Encl: (1) Secretariat Response to the 2023 Navy and Marine Corps Retiree Council Report

1. In accordance with reference (a), I have reviewed reference (b), and I am pleased to provide the Secretariat's response and actions regarding each issue in enclosure (1).
2. Please convey my appreciation 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 mission and bring to my attention those issues most pressing for the future.
3. I welcome further discussion and look forward to your continued work in 2024. I appreciate your patience as we researched each issue and worked with our Services so the Council would have the latest information. My point of contact for Navy and Marine Corps Retiree Council matters is CAPT Amanda Keesee, [Amanda.l.keesee.mil@us.navy.mil](mailto:Amanda.l.keesee.mil@us.navy.mil).

## **SECRETARIAT RESPONSE TO THE 2023 NAVY AND MARINE CORPS RETIREE COUNCIL REPORT**

### **1. Issue 2023-01: Sailor for Life Program**

a. Board's Issue Description: Recognizing the benefits of a "For Life" program, other services have already established or are in the process of establishing this type of program. The Navy should adopt a "cradle to grave" institutional cultural change through a Sailor for Life program. This program would include mechanisms to ensure sustained relationships during their active duty service and after separation/retirement that could be used to address future needs of the Navy such as recruiting assistance.

A Sailor for Life program will align the Navy with the Military Life Cycle (MLC) model and will bring the Navy on par with the Army, Air Force, Marine Corps and Coast Guard's "For Life" programs. A Sailor for Life program will reinforce the ethos of the Sailor's Creed: "I am a United States Sailor" and encourages a lifetime of Navy service. Sailors forged by Sailor for Life will be better warriors, and be more likely to serve as goodwill ambassadors for the Navy, such as encouraging prospective future Sailors and shaping positive public relations in their communities. Additionally, a Sailor for Life program will include a network connecting transitioning Sailors and their family members to education resources, employment opportunities, and other veterans' services that aid in their career and life goals outside of military service.

b. Board's Proposed Solutions / Recommendations / Actions: The Council recommends the following actions to SECNAV:

1. SECNAV task CNO to establish the program.
2. Define, develop, and maintain a "from cradle to grave", Sailor ethos and culture.
3. Utilize OPNAV(N1), OPNAV(N17), NETC, CHINFO, CNRF, CNRC, and the MCPON's Chief's Mess.

c. Secretariat Response: Thank you for championing this initiative. I appreciate the Council's interest in identifying innovative ways to keep retirees engaged as a means of helping to address our recruiting challenges. Outreach and engagement programs like the one proposed increase connectedness. My office is actively coordinating with the Chief of Naval Personnel (CNP) and the Master Chief Petty Officer of the Navy (MCPON) on the development and maturation process for this initiative. The ASN M&RA has made "Sailor for Life" a high priority, based in large part on the presentation you gave last year during your council meeting. He has personally engaged with CNP to direct Navy engagement and has briefed the Under Secretary of the Navy and the Secretary of the Navy on this important program. OPNAV N1 is taking the lead to move out on the initial priorities set by the ASN(M&RA), which included:

1. Rebranding the existing "Shift Colors" newsletter to "Sailor for Life" and increasing the content to appeal to veterans, families, and current Sailors, in addition to retirees.

2. Establishing a “Sailor for Life” web presence on MyNavy Portal.
3. Piloting a fully-staffed Sailor for Life Office.
4. Including “Sailor for Life” curriculum during Transition Assistance Program (TAP) seminars to re-introduce the concept to separating Sailors and encouraging their continuing involvement as critical influencers in their communities.

The Navy Recruiting Command will also participate in the “Sailor for Life” initiative and will provide input for developing a cohesive messaging campaign to the public with a focus on currently serving Sailors, veterans, and their families. The creation of a “cradle to grave” program is a long process and takes time, but I firmly believe we are making significant progress this year.

ASN M&RA has placed “Sailor for Life” in his top 8 priority goals as an “Enduring Focus” area in 2024. CNP has assigned concept development to the N1 Force Master Chief for action. All of this is due in large part from the Council’s advocacy, and I applaud you for raising this recommendation directly with the ASN(M&RA). I look forward to updating you on our progress at the upcoming Council meeting.

## **2. Issue 2023-02: Defense Health Agency (DHA) Transition – Impact on Retirees and Access to Care**

a. Board’s Issue Description: A top priority of this Council since 2018, access to health care by retirees, continues to be of concern. In response to the Council’s 2022 issue paper, SECNAV acknowledged the criticality of this issue. This issue paper provides recommendations for a joint service approach to address these Issues. Twenty-nine MTFs will generally transition non-active duty service member primary care to the purchased care component of the TRICARE program (which includes the TRICARE provider network and the TRICARE for Life program). Each of these 29 MTFs currently serve as outpatient clinics; they will transition to support active duty service members and serve as occupational health clinics in support of the installation. All locations will enroll active duty family members as appropriate for provider skill sustainment. Two MTFs will transition from an inpatient facility to an ambulatory surgery clinic and two will close. This plan was scheduled to begin in Fiscal Year (FY) 23 and continue through FY26, as referenced in a report sent to Congress on 1 July 2022 by the Under Secretary of Defense for Personnel and Readiness (USD(P&R)). Currently, access to care is limited in many civilian areas and will become more limited or not accessible with the increase in transitioning military care to civilian providers. There is concern TRICARE and TRICARE for Life plans have inadequate networks. As a result, DHA’s current lack of transparency to inform or plan (with MTFs, providers, and patients) will adversely affect access to care and patient-focused quality of care for military active duty, families and retirees.

b. Board’s Proposed Solutions / Recommendations / Actions: The Council recommends the Secretary of the Navy advocate to the Office of the Secretary of Defense (OSD) that DHA provide timely information through military agencies regarding retirement community access to

care for all aspects of TRICARE. Additionally, the Council recommends SECNAV issue a multi-service letter reinforcing the 5 August 2020 information memo on Military Medical Health System (MHS) Reform signed by all Secretaries and Service Chiefs.

c. Secretariat Response: Thank you for raising this issue again. It is a critical topic upon which I am frequently engaged as Health Care oversight is in my portfolio and I am the Secretariat's representative to the Senior Military Medical Advisory Council (SMMAC). Reductions in medical personnel staffing were mandated in the FY22 NDAA but placed on a five year hold in the FY23 NDAA. During this five year period, Congress directed a study to determine the impacts of personnel staffing changes. The SMMAC, chaired by the Assistant Secretary of Defense for Health Affairs (ASD (HA)), is the executive-level forum for establishing accountability, consistency, standardization and a unified direction for the MHS, as well as a governance body to adjudicate and resolve MHS-wide decisions and disputes. The MHS is undergoing its most significant change in decades. MHS is seeking to add capacity to reattract patients and beneficiaries, improve access to care in military hospitals and clinics, and increase opportunities to sustain military clinical readiness for medical forces. Management of the military medical treatment facilities, TRICARE benefits, and access to care standards are the responsibilities of the DHA. New directives from the Deputy Secretary direct actions that will stabilize health service delivery by creating a predictable workforce to improve capacity and access to care at military medical facilities for the DoD's 9.5 million beneficiaries. Over the past year, DHA and the Services have collaborated extensively to develop a policy that will direct processes to balance financial and operations risk. I recommend that the Council continue to monitor the impacts caused by the changes and communicate with my staff to determine the best way to express needs of the retiree community to the DHA through process or policy changes.

### **3. Issue 2023-03: Impact of TRICARE Pharmacy Benefit Erosion on Retirees**

a. Board's Issue Description: Defense Health Agency (DHA) cost-cutting measures have eroded the value of the pharmacy benefit by decreasing the retail pharmacy network, and access to MTF pharmacies is decreasing due to facility closures.

The TRICARE retail network lost many independent pharmacies and decreased nearly 25% — from approximately 55,000 to 42,000 locations as of February 2023. Access to medications in long term care facilities and other specialty or independent pharmacies was severely curtailed with the latest Express Scripts contract. Inflexible TRICARE pharmacy cost-sharing, governed by statute, requires beneficiaries to pay full copays even when the full prescription quantity cannot be filled.

In the latest Express Scripts contract, reimbursement terms were so low, many small, independent pharmacies were unable to remain in the program. This hits especially hard the retirees in long term care facilities or those with mobility issues, even with the DHA claim that 90% of beneficiaries are within a 15-minute drive of a network pharmacy. Because the TRICARE Pharmacy Home Delivery Program is encouraged for maintenance medication, beneficiaries are disadvantaged if the program can only fill a partial prescription due to low inventory. Beneficiaries currently must pay additional fees to obtain the balance of their complete prescription.

b. Board's Proposed Solutions / Recommendations / Actions:

1. SECNAV request DHA reconsider the pharmacy contract for small, independent pharmacies which serve our retiree population.
2. SECNAV request DoD investigate teaming with other Federal pharmacy networks/programs as is done with vision and dental programs to increase the number of pharmacy options.
3. SECNAV request DHA address the home delivery out-of-stock issue, and associated co-pay costs.

c. Secretariat Response: Thank you for bringing this to my attention. I asked my staff to conduct a detailed review of the problem you raised. For the first recommendation, Express Scripts, Inc. (ESI) is responsible for establishing and maintaining the TRICARE retail pharmacy network, which includes meeting network access requirements as stipulated in the TRICARE pharmacy contract. In support of the DHA, ESI independently negotiates the TRICARE retail pharmacy network. DHA does not participate in the contract negotiations between ESI and retail pharmacies. ESI is permitted to use its discretion in contracting with pharmacies to establish a competitively priced network and is responsible for establishing and maintaining the TRICARE retail pharmacy network. Addressing the second recommendation, DHA does not believe there is a need to team with other Federal programs as TRICARE beneficiaries continue to have ample access to local pharmacies. DHA reports that currently, there are approximately 42,000 pharmacies participating, with 98% of all TRICARE beneficiaries having at least one in-network pharmacy within a 15 minute drive of their homes. The remaining 2% are able to have their prescriptions provided and filled via the TRICARE Mail Order Pharmacy (TMOP). Regarding the third recommendation, ESI is contracted to provide services for the TMOP. The medications purchased for dispensing at the TMOP are required to be in compliance with the Trade Agreements Act (TAA) of 1979. However, retail pharmacies are not required to comply with the TAA; thus, they may have certain medications available when TMOP does not. When a prescription is on backorder from the manufacturer, ESI will alert the beneficiary via a phone call of the manufacturer's back order and inform the beneficiary of options which include ESI holding the prescription, contacting the beneficiary's provider or transferring their prescription to a retail pharmacy; or if the availability date is not known, ESI will provide guidance on transferring the prescription to an MTF or an applicable TRICARE cost share pharmacy. DHA does not have the authority to waive or change copayment or cost share amounts. The authority to set or adjust the co-pay/cost sharing requirements rests with Congress. The current rates set for the TMOP program were set in the FY18 NDAA. I will engage with the DHA Deputy Director to learn more about this issue, options to address concerns, and provide an update to the Council once received. I recommend that the Council continue to monitor the impacts caused by the ongoing changes to the MHS and communicate with my staff to determine the best way to express needs of the retiree community.

#### **4. Issue 2023-04: Concurrent Receipt for Chapter 61 Medical Retirees with Combat Related Disabilities.**

a. Board's Issue Description: Concurrent receipt of retired pay and disability compensation is provided only to those retirees with both a service-connected disability rate of 50% or more and 20+ years of service. Chapter 61 retirees include those medically retired from the military with a disability rating of 30% or greater. There is no current provision for concurrent receipt by Chapter 61 retirees with combat-related disabilities. Medical retirees with less than a 50% disability rating are losing retirement pay by a dollar-for-dollar offset of DoD retirement pay by Veterans Affairs (VA) disability pay.

In some cases, Chapter 61 retirees forfeit their entire military retirement pay due to the disability offset. As stated in the Summary, concurrent receipt is only provided to those retirees rated 50% disabled or greater, with 20 or more years of service. There are about 575,000 Chapter 61 retirees in all services, including those with both more and less than 20 years' service. Per Mr. Philip B. Davis, DoD Office of the Actuary, of those approximately 60,000 suffer from injuries incurred in combat and are eligible for Combat Related Special Compensation (CRSC) in lieu of retirement pay but are not eligible for concurrent receipt.

Retired pay and VA service-connected disability compensation are fundamentally different and granted for different reasons. Military retired pay is an earned benefit based on vested years of service; service-connected disability compensation addresses an illness or injury. Nearly 400 members of Congress co-sponsor the Major Richard Star Act (HR 1282) addressing those retirees with combat-related injuries with less than 20 years of service, which would end the dollar-for-dollar offset of DoD retirement pay and VA disability pay. The Senate bill (S 344) is also aimed at repealing the offset for those with combat-related injuries. It was introduced, 9 February 2023, as the Major Richard Star Act. However, the Star Act was not included in the House or Senate versions of the 2024 National Defense Authorization Act.

b. Board's Proposed Solutions / Recommendations / Actions:

SECNAV proactively support the pending legislation providing relief for Chapter 61 medical retirees with combat disabilities.

c. Secretariat Response: Thank you for highlighting this issue. As a retiree myself, I can appreciate the frustration this issue brings – that a disability rating and its associated compensation is recognition for the unusual (in comparison to civilians) sacrifice and wear and tear on the bodies of veterans. I also recognize that retired pay is deferred compensation for the volunteer opportunity cost of a full career in the military. However, as the Council knows, it is important that we as taxpayers recognize there are limits to how far our tax dollars can go and offsets must be made. Absent topline relief, any increase in retiree pay is potentially less compensation that we are able to offer to recruits or bonuses and other retention initiatives that we are able to offer currently serving service members. We continue to monitor this issue as we know it is a matter of great concern among retirees and in Congress. Additionally, we will continue to monitor the progress of the Star Act and future appropriations bills as they move through the congressional committees.

## **5. Issue 2023-05: Retiree Access to BUPERS Online (BOL) and MyNavy Portal Online**

a. Board's Issue Description: All Sailors, while active, can access their career-long records online via MyNavy Portal with their Common Access Card (CAC). Sailors who retire from service are required to change their active duty CAC to a retirement ID Card. The loss of a CAC at retirement prevents a Sailor from accessing career, training, or personal information needed for new employment, VA eligibility, or other life-planning events. It is of note, a USMC retiree can retain access to Marine Online (MOL), and other services provide for access to online resources for their retirees as well. Navy BOL does not allow website access without a CAC. Reserve Gray Area retirees also lose access to their career information after surrendering CAC cards and logons. Since many Gray Area retirees are not near a Navy installation, they do not have access to career drill data, training certifications, or other critical information they might need.

b. Board's Proposed Solutions / Recommendations / Actions: SECNAV direct the Enterprise management Team (BUPERS-072) to review and modify secure access procedures to MyNavy Portal allowing post-retirement/separation access to the system.

c. Secretariat Response: Thank you for bringing this to issue to my attention. Access to service records following service is an important issue to address. My office will reach out to BUPERS-072 and assist in coordinating the efforts to adjust system access requirements to facilitate retirees' continued access to their service records through the MyNavy Portal post-retirement, if it is possible. Once the system requirement changes and associated costs are identified, we will facilitate continuing the conversation with CNP to determine a way forward.

## **6. Issue 2023-06: Blue Water Navy Submariner Eligibility for Agent Orange Veterans Affairs (VA) Related Benefits**

a. Board's Issue Description: Crew members of submarines operating within territorial waters (12 miles) off the coast of Vietnam and Cambodia from 6 January 1962 to 7 May 1975 might be entitled to treatment and compensation by the VA due to dioxin Agent Orange exposure. Congress passed the Agent Orange Act in 1991, covering service members operating in- country in Vietnam and Cambodia. In June 2019, Congress passed the Blue Water Navy Vietnam Veterans' Act which extended coverage offshore 12 miles. Service members must prove assignment in country or off shore. The verification process is straight forward for surface vessels; however, deck logs for submarines are classified. Veterans Benefit Administration is working to develop a ship's locator tool to verify all naval vessels that operated in covered waters. To date, the tool is not complete.

b. Board's Proposed Solutions / Recommendations / Actions: Secretary of the Navy identify to the VA all submarines that patrolled the covered territorial waters or designate all who served in the submarine service from 6 Jan 1962 through 7 May 1975 as presumptively having operated within covered territorial waters. Either of those actions would qualify crewmembers as eligible to apply for disability benefits.

c. Secretariat Response: Thank you for raising this matter. Veterans' access to all earned and entitled care is of great importance. In the last year we have had direct involvement on this topic with the VA through the DoD-VA Benefits Executive Committee (BEC) and the Joint Executive Committee (JEC). The Navy is in the process of providing historic location data for all ships and submarines to comply with Congressional requirements established in Public Law 116-23 (Blue Water Navy Vietnam Veterans' Act 2019, amending Section 1116a of title 38 United States Code (U.S.C.)). This action is in process and I believe there will be full resolution of this concern in the near future. We will continue to keep the Council informed of progress.

## **7. Issue 2022-07: Concurrent Receipt for Retirees with a Disability Rating of Less than 50%**

a. Board's Issue Description: Retirees with a service-connected disability rating less than 50% should be eligible for receipt of both VA disability benefits and DoD retirement benefits concurrently, without offsetting either benefit. Retirees with a disability rating of less than 50% forfeit retirement pay dollar-for-dollar to offset the amount received as VA disability compensation. Concurrent Receipt of Disability Pay (CRDP) is provided only for those retirees who have a VA disability rating of 50% or greater. There are some 397,000 retirees with a disability rating of less than 50%. Military retired pay is an earned benefit based on vested years of service; service-connected disability compensation is based on illness or injury. The cost of this approach has prevented action on previous bills for over 13 years. Disability compensation should not offset retirement compensation.

b. Board's Proposed Solutions / Recommendations / Actions: SECNAV advocate for legislation to allow for concurrent receipt. An incremental approach, addressing subsets of the population effected by the compensation offset might be the most prudent path. For example, start with the combat disabled, then those with a disability rating of 40%, then 30%, 20%, and 10% in subsequent years.

c. Secretariat Response: As a retiree myself, I can appreciate the frustration this issue brings – that a disability rating and its associated compensation is recognition for the unusual (in comparison to civilians) sacrifice and wear and tear on the bodies of veterans. I also recognize that retired pay is deferred compensation for the volunteer opportunity cost of a full career in the military. However, as the Council knows, it is important that we as taxpayers recognize there are limits to how far our tax dollars can go and offsets must be made. Expanding concurrent receipt to the approximately 397,000 retired personnel that fall into this category (with less than 50% disability) would increase cost to DoD by more than \$30B over 10 years. Absent topline relief, any increase in retired pay is potentially less compensation that we are able to offer to recruits or bonuses and other retention initiatives that we are able to offer currently serving service members. We continue to monitor this issue as we know it is a matter of great concern among retirees and in Congress.



## **8. Issue 2022-08: Elimination of the 180-Day Rule for Military Retirees Seeking DoD Civilian Jobs**

a. Board's Issue Description: Military retirees seeking DoD civilian jobs must wait 180 days before being appointed. The requirement that retirees transitioning from military service wait 180 days before being appointed to civilian DoD jobs was first put in place in 1964. The prohibition was lifted due to a state of emergency in 2001 but put back in place in late 2016. By doing so, legislation has prevented retirees from being hired for Civil Service positions during this period. The 180-day waiting period has resulted in talent management problems for hiring officials who are grappling with an antiquated hiring process at a time when DoD is struggling to find qualified employees for job vacancies. The FY 2021 National Defense Authorization Act (NDAA) temporarily removed the "180-Day Rule" under a two-year authority which applied in general to competitive positions GS-13 and below and at certain industrial base facilities.

The FY 2024 NDAA might include language ending the six-month waiting period. The House version of the NDAA includes a provision for the "waiver of limitation on appointment of recently retired members of armed forces to DoD competitive service positions," removing the "180-day rule" from all but excepted service and Senior Executive Service jobs. The Senate passed the NDAA for Fiscal Year 2024 on 27 July 2023 without this provision. Now lawmakers will reconcile the Senate bill and the House bill by negotiating a compromise version that passes both chambers.

b. Board's Proposed Solutions / Recommendations / Actions: Secretary of the Navy support the permanent repeal of the 180-day rule.

c. Secretariat Response: I appreciate the Council's concern about this issue. Both the Navy and Marine Corps support a conditional removal of this provision. Additionally, the DON supports a statutory change to Section 3326 of Title 5, U.S.C. to provide a partial removal of the limitation. As of March 2024, the DON has provided a statement of support, to the House Armed Services Committee, for removal of the provision as it pertains to competitive service positions, while retaining the waiting period for excepted service and Senior Executive Service positions. This change would provide a great benefit to veterans and the DoD. We will continue to monitor the changes and advocate for support of a conditional/partial change to the waiting period statute.

## **9. Issue 2022-09: Minimum Standard for Navy Support of Funeral Honors Duty (FHD) for Deceased Navy Retirees**

a. Board's Issue Description: Due to lack of funding and manpower, not all deceased Navy retirees receive full funeral honors. Per NAVPERS-15555D Navy Military Funerals states, "Members who die while on active duty shall be provided a detail consisting of the following: 6 body bearers, a 7-person firing detail, an Officer-in-Charge (OIC) or a Petty Officer-in-Charge (POIC) and a bugler." NAVPERS-15555D also states, "For members of the Naval Fleet Reserve or Retired members (with or without pay), a detail of the same composition as that provided for active-duty members should be provided." However, "The minimum participation by the Navy will be that of two Navy representatives who will attend the funeral, fold and present the flag to the next of kin, and play TAPS or a quality recording of TAPS if a live bugler is not available."

The individual Navy regions determine the funeral and burial procedures based on their funding and manpower. Some regions have long provided just the bare minimum to veterans and retirees alike. Per the NAVPERS-15555D, ensure retired members (with or without pay) receive the same funeral honors composition as that provided for active-duty members. We owe this final honor to our retirees and this support to their family members in recognition of our retirees' 20-plus years of faithful service to our country.

b. Board's Proposed Solutions / Recommendations / Actions: The Council proposes the following solutions:

1. SECNAV request DoD increase the FHD stipend to incentivize retiree participation in funeral honors.
2. SECNAV direct CNP to modify NAVPERS-15555D to allow retirees more flexibility in funeral honors assignments but specify retirees who elect to participate on an FHD team comply with active duty Navy uniform, physical, grooming, training, and certification standards.
3. SECNAV direct CNP/CNIC/PERS-62 to clearly delineate whose funding stream the FHD stipend comes from, procedures for collecting the stipend, the documentation required when a retiree volunteers for the FHD team, and for the Gray Area retired reservists, whether they receive the DoD-mandated stipend amount or regular drill pay.

c. Secretariat Response: Providing proper honors to our departed shipmates is the last action the Nation can provide to recognize the service and sacrifices of our Sailors and Marines and their families. Due to manpower, recruitment and retention issues, along with the consolidation of Reserve Centers, the Services jointly decided in 2016 to restrict cross-service rifle details to deceased active duty members only. Leveraging the retired community could alleviate the pressure on the active and reserve components to fill Funeral Honors details, however it will require a change in Title 10 in order to authorize and compensate retirees for their additional service. CNIC has already identified a need to review the cross-service support for rifle details and is researching the availability of cross-service support. We are following up with CNIC and await their findings. We will provide a status update at the annual Council meeting in August. When the findings from CNIC become available, we will share the results with the Council. Families of veterans and retirees are also able to reach out to Veteran Service Organizations (VSOs) and request supplemental support. Those volunteers are authorized the \$50 a day for their participation. Additionally, I recommend the Council review Title 10 and consider drafting a legislative proposal that addresses the statutory limitations on retiree participation. My team stands ready to assist with any drafting process.

## **10. Issue 2022-10: Issues Regarding military Identification Cards and Appointments**

a. Board's Issue Description: The ability for USN and USMC active, reserve, retirees, and eligible family members to obtain appointments for military identification cards in a timely

manner is impaired in the current system. The COVID-19 pandemic exposed weaknesses and deficiencies in the ID card issuing system that continue. The ID office locator is a great tool, but its scope is limited due to some members of the retired community not having access to or understanding of technology. ID card issuance process impediments continue.

Misinformation about retirees' eligibility for the Next Generation Uniformed Services ID card appears to have created a demand for updated ID cards which has not been met. The Council has noted several deficiencies in the ID card process for retired Sailors and Marines and their families, including:

- a. Some members who live in remote areas do not have access to a local ID card office.
- b. Consequences when an ID card expires before an appointment and it is the member's only form of ID.
- c. Awareness of a call-in number to make an appointment to receive an ID card.
- d. Existence/awareness of a work-around for retired members and their families who must give active duty personnel head-of-the-line privileges at local ID card offices.
- e. Limited availability of Next Gen USID cardstock.
- f. Some ID card offices listed on the Real-Time Automated Personnel Identification System (RAPIDS) appointment website do not have availability and do not allow walk-ins. However, per DMDC, all ID card offices must offer walk-in availability.
- g. In cases when the retiree and dependent are not co-located, DD Form 1172-2, Application for Identification Card/ Defense Enrollment Eligibility Reporting System (DEERS) Enrollment, should enable the dependent to obtain his/her own ID card. However, the form is only valid for 90 days and lack of appointment availability often exceeds 90 days, thus precluding accomplishment.
- h. The contact numbers for the Navy Special Project Office and the Marine Corps Special Project Office do not consistently connect callers with ID card service representatives.
- i. At most Navy commands with a DEERS/RAPIDS site, there is a PSSN/PS3 specifically billeted for processing ID cards. However, the hosting commands are not utilizing this Sailor for ID card issuance on a full-time basis. Due to manning shortfalls at the command level, this individual is being utilized to support the command's mission and priorities first. In turn, the command is limiting ID card issuance to one or two days a week.
- j. If the PSSN/PS3 billeted as the DEERS/RAPIDS ID Card Technician is deployed due to an Individual Augment (IA) assignment, the command has to train, and certify, non-admin rating staff members to fill in the ID card issuance as a collateral duty. This causes a further reduction in available ID card appointments.

From the Common Access Card (CAC) website: "Since the Next Generation USID card will not be available at all DoD ID card facilities until December 2020, and sites are currently operating under constrained conditions as a result of COVID-19 to keep both cardholders and operators safe, individuals with an indefinite (INDEF) expiration date on their current USID card should wait until summer 2021 to have their Next Generation USID card issued." The card availability problem still exists.

b. Board's Proposed Solutions / Recommendations / Actions: The Council recommends the following solutions:

1. SECNAV direct the Navy's and Marine Corps' Special Project Offices (SPO) to ensure all Navy and Marine Corps ID card offices fully comply with established procedures.
2. SECNAV collaborate with DoD and VA to increase ID card services by co-locating a DoD-operated RAPIDS/DEERS ID card office for DoD personnel at every major VA facility.
3. SECNAV request Defense Manpower Data Center (DMDC) to inquire into the feasibility of having a manned national toll-free phone line to assist with scheduling ID card appointments.
4. SECNAV task BUPERS to work with ID card providers to remediate shortfalls in ID card appointment availability and supply/equipment.
5. SECNAV task both services' SPOs to determine if converting the Navy/Marine Corps DEERS/RAPIDS ID Card Technician billet into a full-time civilian position is feasible to preclude staffing shortages by IA mobilization of a military member.

c. Secretariat Response: I understand and appreciate the frustration over the issues identified. I request the Council provide my RM staff with specific locations where this issue is most prevalent to facilitate the creation of a tasker to diagnose and address this issue. Having the data points will facilitate a more detailed response by Defense Manpower Data Center (DMDC), and assist in receiving responses with actionable information to help correct the problem.

In conversation with the Navy Reserve Project Office (NRPO) (who oversees DEERS/RAPIDS), there are several policy changes that address the issues discussed:

1. All Navy Reserve ID card offices are required by DMDC to provide times of service and a POC for questions.
2. In 2023, NRPO instructed all ID card offices to provide accurate POC information to be listed on their websites.
3. As of January 2024, DMDC now provides the option for retirees to have their USID card issued remotely.
4. As of 2023 members can login and submit the electronic DD Form 1172 for their dependents.
5. Of the approximately 2,100 RAPIDS sites, only the RAPIDS sites located at Navy Reserve Centers are staffed by military personnel (35 total sites). All other sites are staffed by civilian personnel via a funded contract.

6. Navy Reserve ID card offices have, at a minimum, one Verifying Official (VO) and two Site Security Managers (SSM) to run the office. If the VO is TAD or deployed, the site MUST have another VO. This minimum requirement is currently met by all NRPO ID card offices. Shifting operation to civilian personnel would require a minimum of three hires to meet current DMDC policy. Additional funding would be needed to shift to civilian personnel at Navy Reserve sites.
7. ID card offices are no longer authorized to issue TESLIN cards and MUST use USID cards for all eligible personnel. There is no shortage of USID cards at this time.

As mentioned last year, I would recommend retirees contact their RAPIDS installation manager and RAOs to report the inadequate support. RAOs should then be providing that information with recommendations to their responsible reporting chain of command.