The big concern for all military people this year is what will happen with military health care. Congress created a commission in 2012 -- the Military Compensation and Retirement Modernization Commission (MCRMC) -- that had as its purpose to give specific recommendations for modernizing the pay and benefits of the Uniformed Services.

As a result of the committee’s recommendations, Congress passed the largest overhaul of the military retirement system since the end of World War II. That change, which puts more of the burden for retirement on the backs of service members, goes into effect in 2018 and affects only those who enter the service after that date. In addition, currently serving members have the option to participate in the new program if they wish. The good part of the change is that service personnel who leave prior to 20 years will be able to take with them a 401(k) like retirement fund (Thrift Savings Plan) that the government will have contributed to.

Ironically, however, DoD has already come to Congress and requested changes in the retirement program before it even goes into effect. The reforms Congress passed last year reduced a 20-year retiree’s pension from 50 to 40 percent of their basic pay. To make up the difference, the government will make automatic one percent contributions to all members’ TSP accounts once they’ve served at least 3 years and match up to 4 percent of service members’ voluntary contributions.

However, current projections suggesting that the pension reductions would be offset by returns from the TSP presuppose that service members would invest enough of their own pay to maximize the government’s matching contributions. So now, DoD has come to the realization that the lowest ranking troops live paycheck to paycheck. If they don’t start saving early, they’re going to have a tough time staying with the force by the time they get to the 25-year point. We have some great noncommissioned officers who serve 30 years, and we want to make sure they have a good retirement when they get to that level.”

Under the retirement system that’s been in effect since the late 1940s, troops earn guaranteed pensions based on a mathematical multiplier that delivers 50 percent of their basic pay for the rest of their lives, assuming they retired at 20 years of service. Service members who served fewer than 20 years received nothing.

The reforms congress passed last December, following recommendations from the Military Compensation and Retirement Modernization Commission, reduced the

(cont'd on page 3)
I wish I could tell you we know what Congress is going to do this year when it comes to military health care but unfortunately, as this is written, we just don’t know. The House and Senate Armed Services Committees, which will be the first to propose any changes, are still holding hearings. By the time you receive this we may know what one or the other will propose, but that remains to be seen.

There is a great deal of speculation about what may happen, and some people even think Congress may decide not to make any changes because it is such a complicated subject and because this is an election year. In addition, there is a battle going on in the House of Representatives between those who want to spend more on the military and those who are more concerned about the federal debt and that fight is slowing down the entire legislative process. If Congress can’t get its act together any better than it has the past few years, we will reach July and they will all be anxious to get home and start campaigning for re-election without really having done much.

What we do know is that the Department of Defense has proposed shifting more costs to beneficiaries while at the same time has been very vague on specifics for addressing well-documented access and other problems. Collectively, the DoD proposals could raise many retired families’ annual health costs 50 to 100 percent.

According to a DoD spokesman, in return for higher fees, TRICARE and TRICARE For Life users would see the military health programs “pivot to a full patient-centered, customer-focused delivery system,” -- which would mean, they say, faster appointments, more evening clinic hours, more physicians spending more time seeing patients, more base hospitals operating at full capacity.

The fact is, under the DoD proposals military health care users would see their share of total health costs climb from 8 to 10.4 percent. In addition, the catastrophic cap on total health expenditures by individuals and families would rise for the first time since 2001.

The spokesman also said that health care users would be incentivized to use military treatment facilities where user fees are very low or no cost. This, of course, after DoD has already reduced the number of military hospitals that are available for retirees to seek treatment. DoD also wants to charge more for prescription drugs gotten anywhere but at a military base, including more for mail-order drugs.

In addition, to all this, DoD has proposed capping military pay raises below the average American’s pay raise for the fourth year in a row. Service senior enlisted leaders recently told Congress this is starting to cause morale problems.

One of my biggest concerns is that DoD keeps trying to move toward a business model in the way it runs its health care and personnel systems. But military service is not a business. As we all know, the military needs to keep more people trained and ready to defend the nation than may actually seem necessary because when it is called upon to do what it has trained and equipped its people to do, it will lose many of those people, and they will have to be replaced immediately.

That’s simply the way it works in warfare.

Businesses don’t keep extra people around because they assume they will lose many people as they carry out their business. So this idea of running the military like a business makes no sense at all.

Obviously, AMS is keeping a close eye on what is going on in Congress and we pledge to fight to stop any increase in what you pay for your promised and earned health care, as well as to fight to stop any more increases in housing or health care costs for active duty personnel. In addition, we support giving active duty troops a proper pay raise that recognizes their service and sacrifice.

As always, your continued support is crucial for our efforts.
government’s TSP matching contribution until a military member’s fifth year of service. In exchange, DoD wants to be able to increase the government’s matching contribution from 4 to 5 percent.

In addition, under the new system the government will stop contributing to a TSP after 26 years of service. DoD wants that changed to 30 years in order to keep senior NCO’s in the services longer.

DoD also wants to adjust the continuation bonuses that are part of the new retirement program to give the services more flexibility to shape the force the way they need to.

Whether Congress will make those changes remains to be seen, but the fact that DoD wants those changes tells us an important fact. And that is that Congress rushed the changes in the retirement system through because they thought it would save money.

That is one of our biggest dangers we face this year -- that Congress will rush through changes in the military health care system without thinking through all of the ramifications because they want to save money. Of course, it inevitably would mean you would pay more. It would also be one more benefit that has been cut back. This comes at a time when DoD has realized they could have a recruiting crisis on their hands.

Recently, the senior enlisted leaders for each of the military services testified before a Congressional committee on quality of life issues. Among the issues they discussed were the erosion of compensation benefits, such as pay raises and housing allowances, the new retirement system, and health care.

Of particular concern was the erosion of pay and benefits over past and forthcoming years. “Fiscal conservation is our duty as leaders in public service, but it’s hard to explain program and compensation cuts to a young soldier and his or her family,” said Sergeant Major of the Army Daniel A. Dailey. “Whether actual or perceived, these things affect how they view our decisions,” he said.

The other advisors on the panel echoed the same sentiment. The mere discussion of cuts shakes the morale of the force and their trust in leadership. And 2016 is the second year of a five-year plan to reduce housing allowances, and the FY 2017 budget proposes capping the military pay raise below the average in the private sector for the fourth year in a row.

Chief Master Sergeant of the Air Force James Cody said, “If the Budget Control Act is not repealed and current trends continue, our projections show that compensation for an average E-5 with dependents stationed in or near Washington, D.C., will fall behind private sector pay in 2018 and behind increases in household expenses in 2021.” All of the witnesses echoed his concerns.

Sergeant Major of the Marine Corps Ronald Green voiced worry over upcoming changes to the retirement system and the ability of Marines to make the right choice when the system becomes active on Jan. 1, 2018. “Most of them will have a choice, either one system or the other . . . we’re pedaling away trying to get that information out there, but it’s very important . . . and that ship will take a long time to turn if we get it wrong,” he said.

Witnesses also discussed health care reform, acknowledging that while care in military treatment facilities is good, access can be difficult for families.

Master Chief Petty Officer of the Navy Mike Stevens talked about the risks in health care reform. He said, “It’s important that as we look at ways to save money and reduce costs in military medicine . . . that we don’t overreach and start counting too much on the civilian sector because it can impact readiness without really knowing about it until it’s too late.”

The concern of the service’s enlisted leaders is well-placed and we agree with them. But the way retirees are treated also affects morale. The fact is, military retirees and veterans are the very best recruiters the military has, and with a recruiting crisis looming, it makes no sense to start slashing the benefits of retirees.

Yet that’s exactly what DoD has proposed. The entire array of fee changes DoD has asked for would mean about a $500 to $600 annual increase for retiree families under age 65 who use in-network providers, and an increase of more than $1,000 a year for those using out-of-network providers. One obvious concern is how large the network will be. One of the main access problems is that many doctors don’t want to be in the current network. That needs to be fixed.

The Defense Department also wants to impose a new enrollment fee for beneficiaries now using TRICARE Standard and TRICARE For Life. And it wants to establish a new $600 family deductible for out-of-network care.

In addition, it proposes to means-test fees for TRICARE For Life beneficiaries. It wants to establish a multi-year schedule to double most pharmacy copays, which already have been doubled or tripled in the past five years -- and it wants to adjust fees with a medical inflation index that is projected to grow at more than 6 percent per year.

DoD has also proposed a 1.6 percent pay raise for active duty personnel for 2017. This will be the fourth consecutive year of capping military pay raises below the average American’s pay raise. While it is slightly higher than the 1.3 percent raise for 2016, the fact is each of the last seven military pay raises has been lower than any in the preceding 50 years.

Unfortunately, the commissary benefit may still be at risk. We thought the battle to save the commissaries as we know them had finally been won.
Military Personnel Chiefs Express Misgivings About New Retirement System

20-year retiree’s pension to 40 percent of their basic pay. To make up the difference, the government will make automatic one percent contributions to all members’ TSP accounts once they’ve served at least 3 years and match up to 4 percent of service members’ voluntary investments.

Current projections suggesting that the pension reductions would be offset by returns from the TSP presuppose that service members would invest enough of their own pay to maximize the government’s matching contributions.

Lt. Gen. Mark Brilakis, the Marine Corps Deputy Commandant for Manpower and Reserve Affairs, said there’s reason to question whether that will play out in practice. “We’ve not started the new retirement program yet so we’re not sure what the take rate will be, but if you’re going to come close to what the current retirement system provides you’ve got to start saving right away,” he said.

In its 2017 budget proposal, DoD proposed several adjustments to the new retirement program, including delaying the government’s TSP match until a military member’s fifth year of service -- around the time most enlisted troops begin their second enlistment.

In exchange, DoD’s proposal would increase the government’s matching contribution from 4 to 5 percent.

The new retirement system, as enacted, would also end the government’s matching contributions to the TSP once a member has served for 26 years.

Lt. Gen. Gina Grosso, the Air Force’s Deputy Chief of Staff for Manpower, Personnel and Services, said cutting the contributions at that point would reduce the incentive for senior enlisted personnel to stay in the military. “We would like to see matching contributions continue until at least 30 years of service, because we have a significant number of senior noncommissioned officers who we need to stay longer than 26 years,” she said.

The pentagon also wants to adjust the continuation bonuses congress passed as part of the retirement reform package. The newly enacted system gives lump-sum incentive payments to members who have served 12 years as long as they agree to stay in the military for another four. At a minimum, those bonuses amount to 2.5 times the military member’s monthly pay, but the military services have the option of sweetening them with an additional 13 months’ worth of basic pay during times of low retention.

Vice Adm. Bill Moran, the Deputy Chief of Naval Operations for Manpower, Personnel Training and Education said the payments are a valuable tool to make sure the military holds onto its best people, but pegging the payments precisely at 12 years is far too rigid. “We need more flexibility to be able to shape the force, particularly where people are at their mid-career points,” he said. “It’s locked at 12 years right now, but with our high-tech skill requirements, we need discretion to issue those payments within a range -- somewhere between the eight and 14 year point.”

Sen. Lindsey Graham (R-S.C.), the Chairman of the Senate Armed Services Committee’s Personnel Subcommittee, said that at least one of DoD’s proposals, delaying matching contributions until a military members fifth year of service, was a nonstarter. “This was an intentional decision by this committee,” he said. “The department asked us last year to push the eligibility date further into a service member’s career, and we unanimously rejected that. We will continue to reject DoD requests that would delay government contributions. Let me be clear: it is our commitment to our many service members who go out on deployment before their fifth year of service that they, too, have earned some retirement.”

Army Sets ‘Leader-First’ Approach to Full Gender Integration

The Army will begin training women for infantry and armor specialties later this year, according to its Gender Integration Implementation Plan released, March 10.

The plan will be executed in phases, first bringing female officers into combat arms this summer after they graduate from the U.S. Military Academy, ROTC or Officer Candidate School.

Enlisted recruits are expected to begin training in infantry and armor military occupational specialties beginning this fall. By the time they graduate Advanced Individual Training and report to their first combat units, female officers will already be there. It’s part of the Army’s
when a spokesman for DoD said a few months ago that they recognized the proposals they had put forth were all about trying to save money by ultimately privatizing commissaries, not to preserve the benefit. He indicated they had seen the error of their ways and although they still were going to make some changes they said would be business efficiencies, they would concentrate on saving the commissary benefit.

However, that may not be the case. The DoD budget proposal would reduce funding for commissaries by $221 million for FY 2017. There is no way to reduce the support by that amount of money and still preserve the benefit as we know it today.

In news for veterans, a subcommittee of the House Veterans’ Affairs Committee recently held an oversight hearing to examine VA’s disability claims process for veterans afflicted with Gulf War illness. VA’s own data reveals that at least 80% of Gulf War Illness claims are denied. The data is specific to undiagnosed illnesses and chronic multi-symptom illnesses – both presumptive conditions under current regulation. The data reveals apparent problems in VA’s interpretation of the law with regard to claims processing.

The Department of Veterans Affairs (VA) has announced it will extend the healthcare enrollment application period for one year to approximately 545,000 living Veterans who have pending incomplete enrollment applications. “Fixing the Veterans enrollment system is a top priority for VA. This is an important step forward to regain Veterans’ trust and improve access to care as we continue the MyVA Transformation,” said VA Deputy Secretary Sloan D. Gibson. “We’ve got a lot of work left to do, but this is a big step in the right direction to restore the data integrity of our enrollment system.”

**VA Announces Additional Steps to Reduce Veteran Suicide**

The Department of Veterans Affairs (VA) has announced new steps it is taking to reduce Veteran suicide. The steps follow a February 2 Summit, “Preventing Veteran Suicide – A Call to Action,” that brought together stakeholders and thought leaders to discuss current research, approaches and best practices to address this important subject.

“We know that every day, approximately 22 Veterans take their lives and that is too many,” said VA Under Secretary for Health, Dr. David Shulkin. “We take this issue seriously. While no one knows the subject of Veteran suicide better than VA, we also realize that caring for our Veterans is a shared responsibility. We all have an obligation to help Veterans suffering from the invisible wounds of military service that lead them to think suicide is their only option. We MUST and WILL do more, and this Summit, coupled with recent announcements about improvements to enhance and accelerate progress at the Veterans Crisis Line, shows that our work and commitment must continue.”

Several changes and initiatives are being announced that strengthen VA’s approach to Suicide Prevention. They include:

- Elevating VA’s Suicide Prevention Program with additional resources to manage and strengthen current programs and initiatives;
- Meeting urgent mental health needs by providing Veterans with the goal of same-day evaluations and access by the end of calendar year 2016;
- Establishing a new standard of care by using measures of Veteran-reported symptoms to tailor mental health treatments to individual needs;
- Launching a new study, “Coming Home from Afghanistan and Iraq,” to look at the impact of deployment and combat as it relates to suicide, mental health and well-being;
- Using predictive modeling to guide early interventions for suicide prevention;
- Using data on suicide attempts and overdoses for surveillance to guide strategies to prevent suicide;
- Increasing the availability of naloxone rescue kits throughout VA to prevent deaths from opioid overdoses;
- Enhancing Veteran Mental Health access by establishing three regional tele-mental health hubs; and
- Continuing to partner with the Department of Defense on suicide prevention and other efforts for a seamless transition from military service to civilian life.

For information about VA initiatives to prevent Veteran suicide, visit www.mentalhealth.va.gov/suicide_prevention.
Enlisted Airmen May Begin Flying Drones This Year, General Says

Enlisted airmen could be piloting the RQ-4 Global Hawk, the Air Force’s biggest drone aircraft, before the year is out, according to a senior Air Force official.

Air Force Deputy Chief of Staff for Operations Lt. Gen. John Raymond told lawmakers on recently that “starting in the end of FY ‘16 or FY ‘17 we’re going to begin the transition to enlisted RPA pilots for Global Hawk aircraft.” That means the first enlisted airmen to pilot the high-altitude surveillance drone made by Northrop Grumman Corp. could be in place before the current fiscal year ends on Sept. 30.

Raymond offered his remarks during a hearing before the Senate Armed Services Airland Subcommittee, which is headed by Sen. Tom Cotton, a Republican from Arkansas.

Air Force Secretary Deborah Lee James confirmed that only the RQ-4 would be piloted by enlisted personnel -- at least for now.

“I grew up in Space Operations,” Raymond said. “Years ago we started out with engineer officers who flew the satellites, then went to operator officers -- you didn’t have to have an engineering degree -- and then we transitioned to enlisted operators.

“We’re taking a very deliberate approach to this,” he added. “We’re going to start with the Global Hawk. We’re very comfortable our enlisted airmen are going to be able to do that mission. The Air Force then will look at the possibility of having enlisted airmen fly the MQ-1B Predator and MQ-9 Reaper, which carry out strike in addition to surveillance missions,” Raymond said.

McCain, noting the Air Force has a shortage of rated officers, asked whether it would not have been better to start off using enlisted personnel.

“I wasn’t in this position or this job at the time, but it’s where we are,” Raymond said. “I think it was important that we have a capability. It was a technology demonstrator with significant growth and I think using the pilots we had to do that was a smart move at that time.”

Army Sets ‘Leader-First’ Approach to Full Gender Integration

(Cont’d from page 4)

“leader-first” approach to integrate the last 19 military occupational specialties that had been closed to women.

“We’re not going to turn our back on 50 percent of the population,” said Acting Secretary of the Army Patrick J. Murphy. “We are opening up every occupation to women. I think that’s pretty historic.”

The Army is currently in the first phase of its integration plan. It has developed gender-neutral standards and is educating the force about its implementation policies.

“An incremental and phased approach by leaders and soldiers who understand and enforce gender-neutral standards will ensure successful integration of women across the breadth and depth of our formations,” said Chief of Staff of the Army Gen. Mark A. Milley.

The Army has also been developing a new Occupational Physical Assessment Test. The OPAT will be administered to recruits beginning no later than June.

OPAT includes physical performance tests developed by the U.S. Army Research Institute of Environmental Medicine. These tests will measure the ability of a recruit or cadet to perform physically demanding MOS tasks.

The new test will include a standing long jump, a dead lift, an interval run and a seated power throw to measure strength needed for tasks such as loading ammunition.

Phase II is the initiation of gender-neutral training. It begins April 1 as the Army starts enlisting women under the Delayed Entry Program for armor and infantry One-Station Unit Training or OSUT. Training won’t actually begin for the enlistees until fall and could be delayed for up to a year until they graduate high school.

Phase III involves assigning women to operational units. Again, female officers will be assigned to infantry and armor units first, to prepare the way for enlisted soldiers to arrive at end of the year.

Phase IV is “Sustain and Optimize.” In this phase the Army achieves full operational capability and re-validates MOS screening requirements. Through talent management, it continues to select the best soldiers for the right jobs, according to the plan.

Over the last four years, the Army has opened a substantial number of positions to female soldiers. The Army opened 95,216 positions and nine occupations to women between May 2012 and October 2015, including combat engineer and artillery MOSs.

The first female cannon crew member graduated this month from Advanced Individual Training at Fort Sill, Oklahoma, at the top of her class.

Now under the Army’s Gender Integration Implementation Plan, the final 19 MOSs will provide an additional 220,000 job opportunities to female soldiers, though that number may change based on end strength reductions and ongoing force structure changes.
Who would ever play the games Rate Your Plate or Nutrition Sudoku? Anyone who wants to learn how to eat right, that’s who! Join the Military Health System as we observe National Nutrition Awareness this month.

Nutrition is an important aspect of a healthy lifestyle. The Centers for Disease Control and Prevention lists being overweight as one of the risk factors for pre-diabetes, a condition that affects 86 million American adults. Pre-diabetes puts people at increased risk for type 2 diabetes, heart disease, and stroke. It has been estimated that without weight loss and moderate physical activity, 15-30 percent of people with pre-diabetes will go on to develop type 2 diabetes within 5 years.

The Academy of Nutrition and Dietetics celebrates National Nutrition Month each March to teach both adults and kids about food, nutrition and healthy living. The academy offers several tips that can help you on your way to better nutrition:

- Eat breakfast
- Make half your plate fruits and vegetables
- Watch portion sizes
- Fix healthy snacks
- Get to know food labels
- Follow food safety guidelines

There are several resources to help you on your quest for better nutrition and healthy food choices. Visit the Academy’s website for tip sheets, videos and games, all designed to help you learn more. You can also find information about health and wellness on the TRICARE website.

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IN THIS ISSUE

Military Personnel Chiefs Express Misgivings About New Retirement System........ page 1
Report from the Hill........................................................ page 1
President's Column........................................................ page 2
Army Sets ‘Leader-First’ Approach to Full Gender Integration......................... page 4
VA Announces Additional Steps to Reduce Veteran Suicide............................ page 5
Enlisted Airmen May Begin Flying Drones This Year, General Says............... page 6
Dedicate Yourself to Healthy Eating this National Nutrition Month............... page 7

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