

# **2011 ANNUAL REPORT AFRH ADVISORY COUNCIL**



**January 1, 2011 – December 31, 2011**

## Congressional Requirement

(As mandated by the National Defense Authorization Act for FY 2012):

“Not less often than annually, the Advisory Council shall submit to the Secretary of Defense a report summarizing its activities and recommendations with respect to the Retirement Home as the Advisory Council considers appropriate.”



## The AFRH Advisory Council

**Establishing Authority:** 24 USC, Title 10 – the AFRH Act of 1991, as amended

**Council Mission:** The Advisory Council shall serve the interests of both facilities of the Retirement Home. The Chair and members of the Advisory Council shall provide advisory guidance/recommendations regarding any facet of the administration of the Home.

**2011 Advisory Council Meetings:** During calendar year 2011, the Advisory Council (former Board) held two advisory meetings: one in Gulfport, MS, on May 18, 2011 and one in Washington, DC, on November 17, 2011.

### 2011 Advisory Council Membership:

- One member who is an **expert in nursing** home or retirement home administration and financing:
  - ❖ **Nancy Quest**, Chief State Veterans Home Clinical and Survey Oversight VHACO Office of Geriatrics and Extended Care (114)
- One member who is an **expert in gerontology**:
  - ❖ **Dr. Raya E. Kheirbek**, Medical Director, Comprehensive Nursing Rehabilitation Services, Department of Veterans Affairs Medical Center
- One member who is an **expert in financial management**:
  - ❖ **Colonel Randall White**, USAF, Chief Budget Operations Integration Division, SAF/FMBOI, AF Pentagon, CHAIR
- Two **representatives of the Department of Veterans Affairs**, one to be designated from each of the regional offices nearest in proximity to the facilities of the Retirement Home:
  - ❖ **Mr. Brian Hawkins**, Director, VA Medical Hospital – Washington DC
  - ❖ **Mr. Thomas Wisnieski**, Director, VA Medical Hospital – Gulfport, MS
- The Chairpersons of the **Resident Advisory Committees**:
  - ❖ **Mr. William Parker**, Chair, Resident Advisory Committee – Gulfport
  - ❖ **Mr. Esker McConnell**, Chair, Resident Advisory Committee – Washington
- One enlisted representative of the **Services' Retiree Advisory Council**:
  - ❖ **Mr. John Radke**, Chief Army Retirement Services, HQDA
- The **senior noncommissioned officer** of one of the Armed Forces:
  - ❖ **Sergeant Major of the Army Raymond F. Chandler, III**
  - ❖ **Master Chief Petty Officer of the Navy Rick D. West**
  - ❖ **Master Chief Petty Officer of the Air Force James A. Roy**
  - ❖ **Sergeant Major of the Marine Corps Michael P. Barrett**
  - ❖ **Master Chief Petty Officer of the Coast Guard Michael P. Leavitt**
- Two senior representatives of **military medical treatment facilities**, one to be designated from each of the military hospitals nearest in proximity to the facilities of the Retirement Home:
  - ❖ **Colonel Charles Callahan**, Chief of Staff, Walter Reed National Military Medical Center – Washington, DC
  - ❖ **Colonel David Garrison, MD**, Commander, Keesler AFB Health Care System – Gulfport, Mississippi
- One senior **Judge Advocate** from one of the Armed Forces:
  - ❖ **Colonel Tom Helget**, USAF, Staff Judge Advocate for Air Force District of Washington
- One senior representative of one of the **Chief Personnel Officers** of the Armed Forces:
  - ❖ *Currently Vacant – efforts underway to fill this position*
- Such other members as the Secretary of Defense may designate:
- The **Administrator of each facility** of the Retirement Home shall be a non-voting member of the Advisory Council:
  - ❖ *Mr. Richard Health, Administrator, AFRH-Gulfport*
  - ❖ *Mr. David Watkins, Administrator, AFRH-Washington*

Additional Members:

**Brigadier General Bryan Gamble**, Deputy Director, TRICARE Management Activity  
Senior Medical Advisor to the AFRH

**Ms. Marge Class**, Office of the Assistant Secretary of Defense (Health Affairs) and the TRICARE Management Activity  
Program Analysis, Clinical Quality

## **AFRH GUIDING PRINCIPLES**

### **VISION:**

A retirement community committed to excellence, fostering independence, vitality and wellness for veterans, making it a vibrant place in which to live, work and thrive.

### **MISSION:**

To fulfill our Nation's Promise to its Veterans by providing a premier retirement community with exceptional Residential care and extensive support services.



### **GUIDING PRINCIPLES:**

**Person-centered:** "PERSON-CENTERED CARE" is defined as the careful manner in which Resident needs are considered while developing responsive plans of care and delivering meaningful services.

**Accountability:** We expect our workforce to achieve what we promise to Residents, staff and service partners. To ensure success, we measure progress and provide feedback to our customers.

**Integrity:** We will strongly uphold the mission of AFRH. We are honest and ethical and deliver on our commitments. We recognize that good ethical decisions require individual responsibility enriched by collaborative efforts.

**Workforce Growth:** We strive to hire and retain the most qualified people. We maximize their success through training and development as well as maintaining and promoting open communication.

**Honor Heritage:** We honor the rich history of the US Armed Forces—from our Veterans to our victories. As such, our campus reflects that military heritage with memorabilia and tributes.

**Inspire Excellence:** We continuously work to improve each process, service and its delivery, while striving for excellence in all we do. We expect excellence and reward it.

**One Vision / One Mission / One Organization:** Success depends on our devotion to an unwavering Vision and Mission. Working together in different locations, under various managers and leaders, we maintain a distinct focus to serve our Residents. We collaborate and respond in a unified and single voice.

**AFRH 2011 RESIDENT DEMOGRAPHICS**

BY GENDER

Male	914	(90%)
Female	104	(10%)

BY WAR THEATER\*

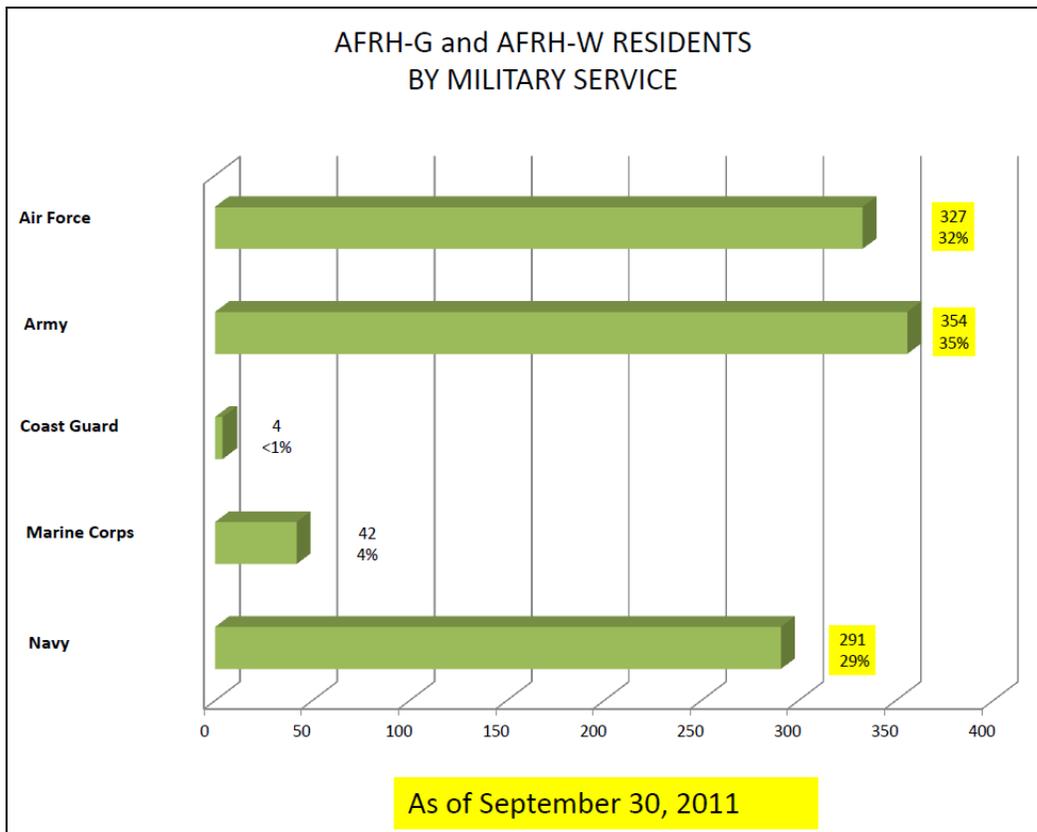
World War II	374	(27%)
Korean War	466	(34%)
Vietnam	500	(37%)
Grenada	8	(1%)
Panama	9	(1%)
Gulf War	6	(<1%)
War on Terror	1	(<1%)

BY ELIGIBILITY

*(Some qualify under several criteria)*

Retiree	772	(74%)
Service-connected Disability	129	(12%)
War Theater	96	(9%)
Female (served before 1948)	54	(5%)

\*Some served in more than 1 war



**MAJOR AREAS OF INTEREST  
With ADVISORY COUNCIL  
OBSERVATIONS AND RECOMMENDATIONS**

**COMPLIANCE WITH GOVERNMENT REGULATIONS**

24 USC, Title 10 and DoD Instruction 1000.28

***Council Observations:***

- All NDAA 2002, 2005, 2008 and 2012 legislative requirements have been satisfied, as well as the requirements of DoD Instruction 1000.28.

**AFRH CHIEF OPERATING OFFICER (COO)**

***Council Observations:***

- The AFRH COO takes his responsibilities seriously and has met legislative requirements.
- Home leadership is very “up front” with information concerning the Home – achievements, goals, and challenges.
- Members of the Home are very willing to brief and work with Advisory Council members.

***Council Recommendation:***

- The AFRH COO has been extremely cooperative and helpful in assisting the Council in performing our responsibilities. We currently have no recommendations and wish to express our appreciation for the working relationship between the COO and Council.

**AFRH INSPECTOR GENERAL**

***Council Observations:***

- The leadership of the AFRH is conscientious in identifying, satisfying and correcting deficiencies in a timely manner.
- The AFRH displayed quick and appropriate action regarding the Gulfport Healthcare investigation. Proper channels were used and the COO openly and readily discussed the investigation’s findings with Resident and employees of both campuses.

***Council Recommendation:***

- The AFRH should begin to employ a special notification mechanism (i.e., incident report and quarterly summary report) to keep Advisory members informed of these “special” occurrences. An email alert, similar to the one issued regarding the earthquake damage at AFRH, would be appropriate.

**POLICY**

The AFRH uses a two-tier policy issuance system. Agency-level guidance is issued as AFRH Agency Directives or Notices. Each facility of the Home is responsible for implementing Agency-level policy and for developing and issuing facility-level Standard Operating Procedures (SOPs) at their individual Home.

***Council Observations:***

- The current policy issuance system and procedures seem to work well for the AFRH organization.
- The AFRH directives inventory is adequate and provides policy and guidance on a wide variety of subjects pertaining to Resident care and living.
- As required by CARF, each Advisory Council member will review the policies of the Home on an annual basis.

***Council Recommendation:***

- None

## **INSPECTIONS (DOD and CARF)**

### **Continuing Accreditation of Rehabilitation Facilities/Continuing Care Accreditation Commission (CARF/CCAC)**

The National Defense Authorization Act for 2008 (PL 110-181) requires the AFRH to secure and maintain accreditation by a nationally recognized civilian entity for every aspect of each facility of the Home (including medical and dental care, pharmacy, independent living, assisted living, and nursing care). AFRH maintains a national accreditation with CARF/CCAC. In the years the accrediting entity does not inspect, the DOD IG assesses AFRH.

The AFRH-Washington operation was first inspected by CARF/CCAC in August 2008 and received accreditation for the Washington facility for 5 years. Most recently, the Washington facility successfully was reviewed for the second time by CARF/CCAC in late September 2011. The AFRH-Washington facility had a successful review and had no major findings. On November 9, 2011 the AFRH received an electronic preliminary report from CARF stating that we are accredited through 2016. The report was extremely complimentary of the Washington facility. The AFRH has developed a tracking matrix (submitted to DoD in January 2012) to monitor the adoption and implementation of CARF recommendations.

AFRH-Gulfport underwent their first CARF/CCAC review in October of 2011. Due to Hurricane Katrina, this was Gulfport's initial CARF/CCAC review. CARF requires a facility to operate under their standards for a 6-month period prior to their initial inspection. CARF reported that AFRH-Gulfport had no major findings and had a minimal number of recommendations (13 out of 1100 possible findings).

#### ***Council Observations:***

- The Council recognizes the following CARF observation: "The AFRH has successfully addressed items in one year that other organizations were not able to accomplish in five years."
- Corrective actions (i.e., IG findings/recommendations, CARF findings/recommendations) are corrected or/or adopted immediately.
- RADM Christine Hunter, USN, asked whether or not the AFRH geriatric population was taken into consideration when hiring staff. Dr. Sissay's response: "When job opportunities are advertised for AFRH Health Care Services, geriatric experience and working with elderly are the prime requirements to apply for the job. During interviews, applicants are asked to tell us about their experience in working with the elderly and their most successful and the worst failures that they remember when working with the elderly."

#### ***Council Recommendation:***

- The Council recommends AFRH continue with CARF/CACC accreditation, with the DOD IG assessment in the "off years". While this represents a great workload burden on the AFRH since it requires they be inspected every year instead of once every five years, the results speak for themselves in the excellent level of care provided.

## **ADOPTING PERSON-CENTERED CARE AT THE AFRH**

### **Implementation of Person-centered Care (PCC) Philosophy at AFRH**

In 2011, the AFRH adopted, and began its transition to a "Person-centered Care" (PCC) model. The key to truly achieving PCC is to listening to the Resident population and individualize service delivery (within AFRH's capabilities and resources), vice trying to fit the Resident's needs into pre-existing programs and services.

**Council Observations:**

- AFRH Staff members “listen” to Residents and actively seek ways to better communicate with them.
- Staff members truly operate under the Person-centered Care philosophy and are considered valued members of the management team.

**Council Recommendation:**

- The Council should provide time for Residents to talk directly to the Council before or after our annual meetings. The Residents may appreciate the opportunity to discuss issues with the Council and it would also be beneficial to the Council to understand some of the issues first-hand.

**STRATEGIC PLANNING**

In February 2011, the AFRH developed a Fiscal Year 2011-2015 Strategic Plan. The overall major theme embedded in AFRH’s deliberations was how staff would development and implement Person-centered Care (PCC) at AFRH, ensuring that the AFRH plan was a “living” part of the AFRH strategic planning efforts. Leadership focused primarily on five areas: the development of Agency-wide Strategic Goals, defining and incorporating both Resident Centered Care and Staff Centered focus, stewardship, and nurturing and soliciting support from external stakeholders. Business Plans, both corporate and facility-level, were updated to reflect the new plan.

AFRH is truly a leader as a Continuing Care Retirement Community (CCRC). The new Gulfport community (achieved through the Fiscal Year 2006-2010 Strategic Plan) represents a 21st Century model for senior living – with energy efficiencies, wellness programs, and enjoyable activities. The design build for the new Washington facility (in the current Strategic Plan) is well underway and expected to be finished in 2013.

AFRH has strategically poised itself to maintain and expand its fundamental role of serving the Nation’s retired military personnel. But first, management must build the “AFRH of the Future.” As AFRH prepared for its revival in the 21st century, it focused on providing the same high level of care and services found in the private sector. Yet, the AFRH niche is a focus on military heritage – where Residents find camaraderie and enjoyment in being among “their own.”

**Council Observations:**

- The AFRH, through its Strategic Plan, Business Plans and Programs and Projects, is totally committed to ensuring today’s eligible veterans receive the best care and services available.
- Additionally, the AFRH leadership is actively making a long term commitment to ensuring eligible veterans of the future received similar care and services

**Council Recommendation:**

- The AFRH has a great strategic planning process. Recommend the AFRH maintain this process and keep it updated as new ideas and possibilities arise.

**BUDGET/FINANCIAL SOLVENCY**

**AFRH Trust Fund Balance**

Prior to 2002, the AFRH was on the brink of insolvency. Many models briefed to senior management at DOD, the Office of Management and Budget (OMB), and Congress forecasted that the Home would face closure in the 2005/2007 timeframe. Through innovative approaches such as the adoption of the AFRH “One Model Plan,” necessary staff reductions, and much hard work by the AFRH leadership not only turned this dismal projection model around, but actually went on to show a net growth of \$92 million in the AFRH Trust Fund (from \$94M in FY 02 to an all-time high of \$186 million in FY 10). In 2011

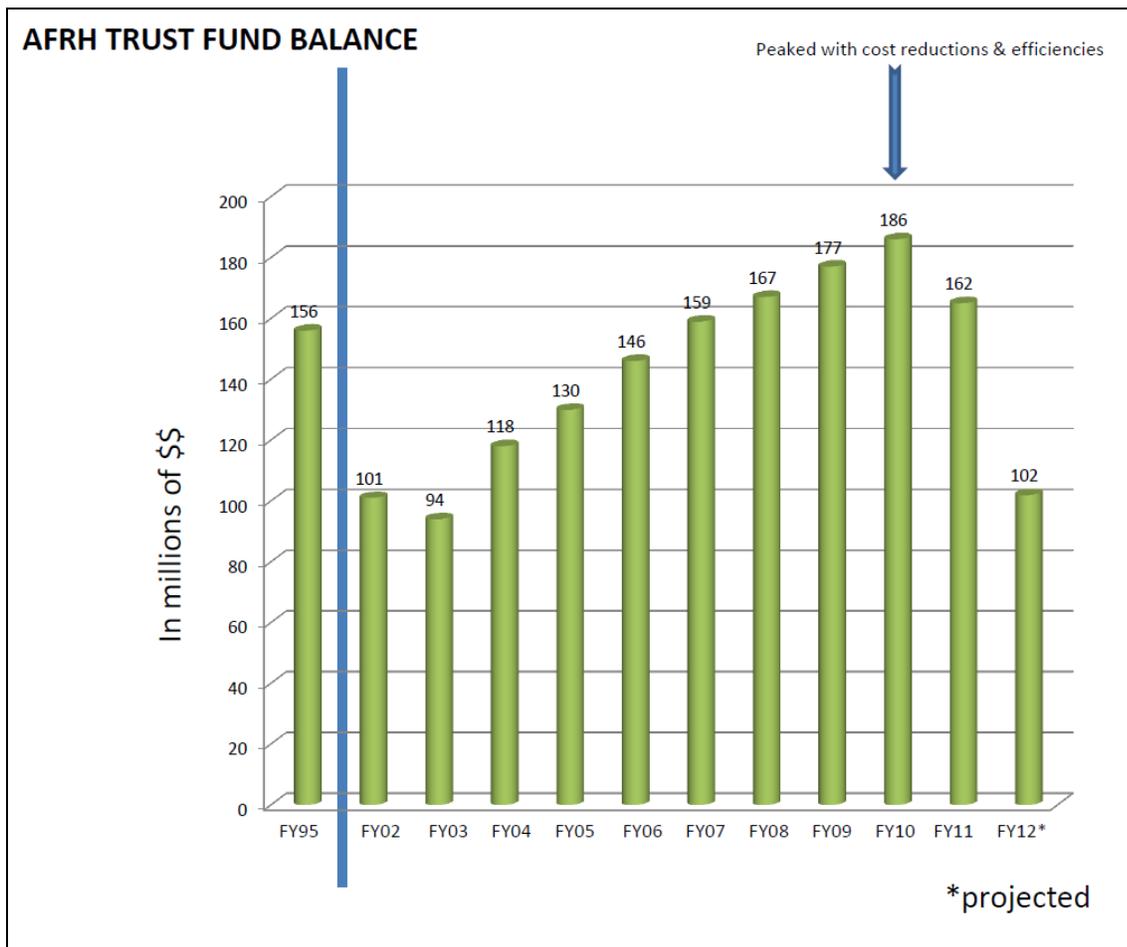
the AFRH expended funds associated with the Scott Project demolition and construction, an investment in its future generations of Residents. The greatest risk to the Trust Fund occurs in the Transition Period: 2010 – 2013. During the 2011 timeframe the AFRH maintained operations in Gulfport and began to shift to a reduced footprint in Washington.

**Council Observations:**

- The Advisory Council notes that negative growth will occur in the transition years as the Agency expends the Scott Project, yet positive growth is expected to continue after 2013.
- The AFRH COO has certified that the AFRH Trust Fund is solvent. Current projections support the Trust Fund remaining solvent until at least 2020.

**Council Recommendation:**

- None.



**FY 11 Budget Request**

The AFRH FY 11 Budget Request to Congress was for \$71 million. (\$69 million in O&M and \$2 million in Capital Improvements). This was a net decrease of \$63 million over FY10.

The FY 12 budget request was for \$68M (\$66m for O&M and \$2M for Capital).

### **Budget Testimony**

The AFRH COO presented AFRH's Budget Testimony to the combined Appropriations Committee on April 5, 2011.

### **AFRH Financial Audit**

As required by legislation, the AFRH has sought and obtained a successful financial audit from Brown and Company, CPAs, PLLCs, an independent accounting firm. The AFRH received an "Unqualified" (clean) audit for FY 10. Brown and Company did not report any material weaknesses. The 2011 audit is AFRH's 7<sup>th</sup> consecutive unqualified audit. Agency management, in partnership with the Bureau of Public Debt (BPD), was accountable for the integrity of the AFRH's financial information. All financial statements and data have been prepared from the AFRH accounting records in conformity with General Accepted Accounting Principles (GAAP).

#### ***Council Observations:***

- For an Agency to receive an unqualified audit is considered outstanding, to receive seven consecutive audits is truly exemplary.

#### ***Council Recommendation:***

- None.

### **Statement of Assurance**

The AFRH COO has certified that the AFRH is in full compliance with all applicable requirements in accordance with the Federal Managers' Financial Integrity Act (FMFIA), PL 97-255 Section 2, and OMB Circular A-123 – Management's Responsibility for Internal Control (IC).

#### ***Council Observations:***

- AFRH managers, along with our partners at the Bureau of Public Debt and the National Finance Center (NFC), actively participate in the IC program/process.

#### ***Council Recommendation:***

- None.

### **Minimizing Risk/Increase Financial Stability**

The AFRH Management Team is committed to minimizing risk and increasing financial stability through a variety of strategies: reducing our footprint and associated infrastructure, shoring up our facilities, growing our staff, rightsizing our population, seeking energy efficiencies and fine-tuning contracts through the transition years (while also reducing the scope and requirements of new ones starting in 2013). Examples: the dining contract decreased by \$2 million, healthcare produced savings of \$1.2 million, and Campus Operations costs decreased by \$1 million – for a total of more than \$6 million in savings in FY 11 alone. And, it is expected these savings to continue in 2013.

#### ***Council Observations:***

- The Council sees evidence that the AFRH is performing well from a solvency perspective.
- The projected decrease in the Trust Fund balance in Fiscal Year 2012 is a concern, but the balance will not decrease to an extent that we see any difficulty regaining sufficient balances over the next few years.

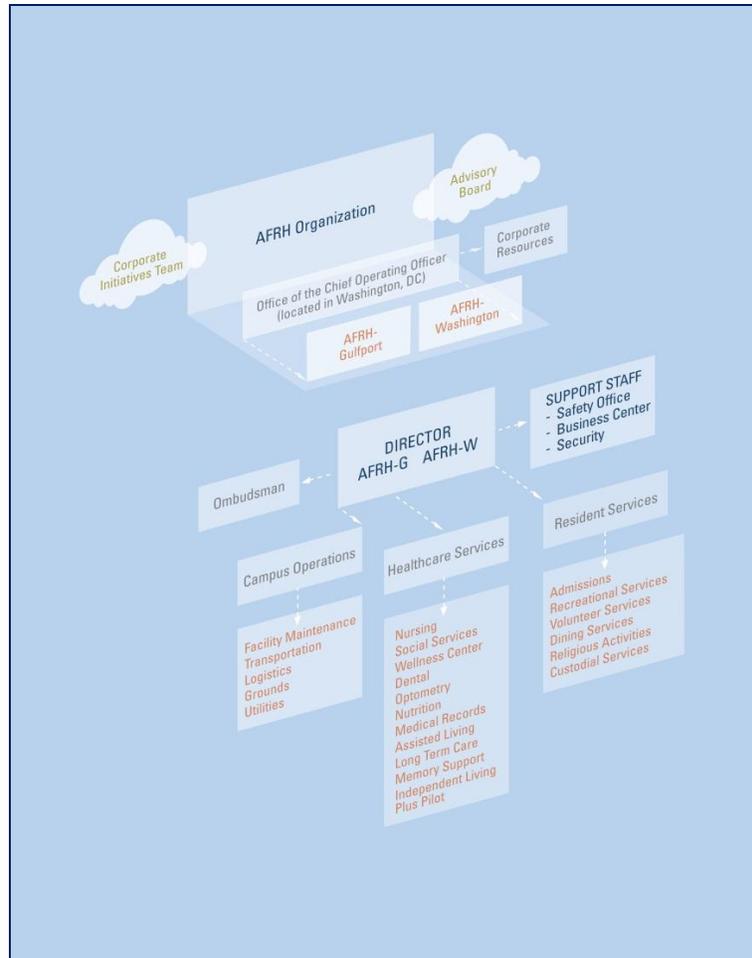
#### ***Council Recommendation:***

- Suggest DOD and AFRH work together to explore additional options for investing the AFRH Trust Fund (currently the Home is limited on its investment strategies, as per legislation).
- DOD facilitate with DFAS to create "donations" to the Home mechanism.
- Suggest a specific plan be created to determine what to do with the "excess" property at the Washington Home and then an implementation plan be created to bring that to fruition.

## ORGANIZATIONAL STRUCTURE

### One Model:

Both facilities use the same organizational model.



### AFRH Staff Highlights:

- In 2011, AFRH created an Agency Facilities Manager and an Agency-level Medical Director.
- The AFRH's Human Capital Goals are in direct alignment with the five human capital systems in the Office of Personnel Management's "Human Capital Assessment and Accountability Framework (HCAAF). In FY11, the Office of Personnel Management reviewed the AFRH's first Human Capital Management Report (HCMR) and provided positive response to the AFRH submission.
- Beginning in calendar year 2010 and continuing into 2011 the AFRH worked diligently to fill AFRH-Gulfport positions. The AFRH faced a myriad of challenges, and occasionally needed to make immediately changes regarding recent hires.

### INTERNAL CONTROLS/PROCESS IMPROVEMENT

The AFRH restructured its Internal Controls/Process Improvement (PI) Programs in 2011. The Agency issued AFRH Agency Directive 1-11, which focuses on high-risk areas and documented key threads to monitor and advise through their Internal Control Board.

**Council Observations:**

- The newly restructured internal controls and process improvement programs look to be very effective.

**Council Recommendation:**

- None

**MODERNIZATION**

(Excess Property, Construction, Master Planning, Environmental Natural Disasters)

**Identification of Excess AFRH Government Property**

During FY11, the AFRH engaged the Army Corps of Engineers to determine if the designated 77 located at AFRH-Washington would fall under the "excess" classification. A report is scheduled to be issued in FY12.

**Reopening of AFRH-Gulfport and Resident Return to Gulfport**

In FY11, just over 5 years after the devastation of Hurricane Katrina, the AFRH reopened its AFRH Gulfport Home. The facility initially was awarded LEED Silver certification and is seeking Gold. In FY11, AFRH-Gulfport admitted their 500<sup>th</sup> Resident to the Gulfport facility.

**Scott Project**

As part of the overall Master Planning of AFRH-Washington, the leadership of the Home determined that the Scott Building, a major Resident dormitory, was at risk due to its aging infrastructure and massive repair costing approximately \$81M. The AFRH Long Range Financial Plan recommended the demolition of the existing Scott Building and the replacement of the existing Scott Building with a multifunction healthcare and multi-purpose facility. The building will also be LEED Gold Certified with green roofs and a rain water harvesting container. Demolition began in August 2011 and is scheduled for completion in February 2013.

**AFRH Master Plan**

After 6 years of planning and design to develop 77 acres at the AFRH-Washington facility, the AFRH received approval from National Capital Planning Commission to move forward with Zone A of their proposed Master Plan. Unfortunately, global financial conditions were deteriorating during the course of the discussions between the AFRH and the preferred developer. The plan is on hold pending results of an appraisal and decisions on next steps forward.

**Development of Capital Improvement Plans (AFRH-Washington and AFRH-Gulfport)**

During FY11 AFRH led a core team of senior staff members in the update of each facility's 10-year Capital Improvement Plan (CIP). The team worked with Residents and staff on each campus to develop a vision of the physical needs for both facilities. Each CIP includes a compilation of various development projects with detailed descriptions, dependencies, compliance requirements, and costs. An added purpose of these Plans was to align the Long Range Financial Plan with the Agency's new capital improvement needs.

**Environmental Initiatives**

Under Federal mandates (Executive Orders 13423 and 13514) the AFRH completed its first comprehensive evaluation of energy usage and greenhouse emissions. The actual report will be available in FY 12.

FY 11 marks the first year of significant energy efficiencies with the opening of the new Gulfport facility. AFRH-Gulfport is LEED Silver certification for energy efficiency. AFRH

Gulfport generators have the capacity to run for seven days without refueling – the building has saved AFRH approximately \$940,000 over the last year. AFRH-Washington has a construction goal for the Scott Project which is to focused on LEED Gold certification for the new Scott Building.

### **Natural Disasters**

On August 23, 2011, the Residents and staff of AFRH-Washington had their world shaken by two natural disasters that occurred in just one week – a 5.8 magnitude earthquake and Hurricane Irene. The safety and wellbeing of 600 Washington Residents was secured thanks to the swift and decisive actions of their management team and staff members. The estimated cost of repairs is in the \$14.6 million dollar range. The AFRH has received a Congressional appropriation to cover these costs. As a result of the earthquake damage, the AFRH COO directed the relocation of administrative offices, Wellness Center, Library and Dining services.

#### ***Council Observations:***

- The AFRH was prepared to handle the emergency situation caused by earthquake.
- The AFRH is to be commended for their efforts, especially for being able to serve dinner (outside) within 3 hours after the earthquake. Breakfast was served inside the next morning.
- Most importantly, both Residents and employees have shown their resilience during and in the day and months following the earthquake.
- The Advisory Council notes that at the first Town Hall Meeting after the earthquake, the AFRH-Washington Resident participated in a standing ovation to show their appreciation for the service and care provided to them by the AFRH staff during the earthquake and clean-up period

#### ***Council Recommendation:***

- The AFRH has had more than their share of emergency situations over the last few years and have handled them very well. No recommendations.

### **MILITARY HERITAGE**

Military camaraderie and military heritage are two areas that set the AFRH apart from other Retirement communities the rest. The AFRH COO strongly encouraged that the AFRH not only recognize, but prominently display the history, articles and memorabilia of our military services. In addition to celebrations such as individual Service Birthdays, Veterans Day, Pearl Harbor and Korean commemorations, each AFRH facility either has, or will have, a “Hall of Heroes” planned as a focal point. During the first quarter of FY 2011, AFRH-Gulfport opened their Hall of Heroes in October 2010. AFRH-Washington’s Hall of Heroes will be located in the newly constructed Scott Building. These displays will be routinely changed to constantly attract the attention of AFRH Residents, staff, family members and guests. Additional memorabilia has also been placed throughout each facility.

#### ***Council Observations:***

- The Council recognizes that the AFRH has listened to its Residents regarding their desire to have additional military memorabilia displayed at each Home. The Military Memorabilia Committee is actively moving out on this issue. During our visit to the Gulfport facility

#### ***Council Recommendations:***

- Colonel Coats informed the group that Walter Reed Hospital was closing and it has memorabilia that it could donate. The staff should take full advantage of this opportunity.

## **RESIDENT ISSUES**

### **Resident Focus Groups**

Previous indicators, i.e., Resident Surveys, Town Hall dialogue, Resident recommendations, and feedback from inspection teams members suggest that the AFRH could do more to keep their Residents informed and involved. Based on that feedback, the AFRH instituted monthly (and sometimes more frequent) Resident Focus Groups to hone in on issues of importance to AFRH Residents. The approach proved most beneficial when the AFRH began planning for the Residents return to Gulfport. Numerous focus groups to solicit Resident input and preferences, provide guidance and information on recent decisions, and in some cases to dispel rumors. Focus Groups are now used as a standard form of AFRH information gathering and sharing for both Residents and employees.

### **Aging in Place/Independent Living Plus**

The AFRH created new way for Residents to Age in Place in comfortable and familiar surroundings. Forty-six Residents participated in a pilot program during 2010/2011 called Independent Living Plus (ILP). This was a new initiative for the AFRH. Residents can now stay independent in comfy living rooms and the AFRH can avoid uprooting Resident to move to levels of care. Home healthcare aides provide extra care as need – services are taken to the Resident, which is a prime example of implementation of Person Centered Care. Over 75 employees have received training in the Aging in Place concept in 2011.

### **Coast Guard Eligibility**

On October 15, 2010, the Coast Guard was successful in changing existing legislation regarding access to the AFRH. The "Coast Guard and Maritime Transportation Authorization Act of 2010 (Sec 205) amends Section 1502 of the Armed Forces Retirement Home Act of 1991 (24 U.S.C. 401) to allow Coast Guard participation in AFRH.

#### ***Council Observations:***

- The addition of Coast Guard eligibility for retirement home residency is an outstanding change. We welcome this change both from a new residency and also a funding perspective.

#### ***Council Recommendation:***

- During a site visit to AFRH Gulfport, RADM Christine Hunter, USN questioned the lack of cell phone service in the building. She voiced a safety concern about the lack of repeaters for cell phone service. Mr. McManus brief RADM Hunter that the AFRH was currently in the process of putting this item out for bids.

## **COMMITMENT AND CHALLENGES PREPARING FOR FUTURE GENERATIONS**

#### ***Council Observations:***

- Now that the two facilities have been "right-sized" it may be beneficial for the Home to think of expansion – i.e., to serve eligible members who currently reside in the mid-west or west coast.

#### ***Council Recommendation:***

- The Council believes this possibility should be studied as soon as possible.