



# Fort Gordon, Georgia FY 2011 Issue Book

Updated January 2012

**Army Family Action Plan (AFAP) Issues  
Sorted by Subject Area**

<b>ISSUE #</b>	<b>ISSUE TITLE</b>	<b>STATUS</b>	<b>SUBJECT AREA</b>	<b>ENTERED AFAP</b>	<b>FINAL ACTION</b>
1106	Roth IRA Option for SGLI	Unattainable	Benefits & Entitlements	09/10	06/11
1107	Services for Soldiers who Experience the Death of a Family Member	Elevated/ Completed	Benefits & Entitlements	09/10	11/10
1109	Transfer of Leave Between Soldiers	Elevated/ Completed	Benefits & Entitlements	09/10	11/10
1110	Individual Soldier TA Doesn't Cover Full Fiscal Year	Elevated/ Completed	Benefits & Entitlements	09/10	11/10
1113	Mandatory DFAC Dining for TDY Personnel who are Forced to Live Off Post	Elevated/ Completed	Benefits & Entitlements	10/10	11/10
1151	Standardizations of Financial Assistance through all Branches of Military Services for those Service Members Assigned to Fort Gordon	Completed	Benefits & Entitlements	10/11	11/11
1161	Unequal Basic Allowance for Housing Pay System in the Military	Elevated/ Completed	Benefits & Entitlements	10/11	11/11
1121	Government GS and Contractor Workers with Valid CAC are Not Able to Use the Shoppettes	Completed	Consumer Support	10/10	06/11
Youth 1	Expand AAFES Music Section	Elevated/ Completed	Consumer Support	07/10	11/10
1141	IHG Temporary Housing	Completed	Consumer Support	10/11	11/11
1112	Dental Care for TDY Soldiers	Completed	Dental	10/10	06/11
1117	Orthodontic Re-start Costs for Active Duty Family Members	Elevated/ Completed	Dental	10/10	11/10
1101	Allow Family Members of Active Duty Soldiers Access to Army e-Learning	Elevated/ Completed	Education	09/10	11/10
1143	Out of State Tuition	Unattainable	Education	10/11	11/11
1150	Out of State Tuition Waivers for Surviving College Age Children	Elevated/ Completed	Education	10/11	11/11
1105	Civilian Personnel Category for Hiring Existing Contractors in Civil Service Positions.	Elevated/ Completed	Employment	09/10	11/10
1131	FRSA Working Under the Same BDE/BAT As Their Spouses Do	Active	Employment	10/10	
1132	FRSA Volunteering During Duty Hours	Completed	Employment	10/10	06/11
1134	Converting Contract Positions to GS Should Give Right of First Refusal to the Contractor	Completed	Employment	10/11	11/11
1136	Military Spouse Employment under EO 13473	Completed	Employment	10/11	11/11

ISSUE #	ISSUE TITLE	STATUS	SUBJECT AREA	ENTERED AFAP	FINAL ACTION
1152	Employment and Financial Welfare of Military Families Affected by Annual Contract Bidding Process	Completed	Employment	10/11	11/11
1156	Direct Supervision of Family Member Employees	Completed	Employment	10/11	11/11
1102	DA Mandated Self-Defense Course	Elevated/ Completed	Family Support	09/10	11/10
1104	Financial Readiness Expert for Family Advocacy Program	Completed	Family Support	09/10	06/11
1108	Youth Services/SAS Program – Allotted Vacation Time	Elevated/ Completed	Family Support	09/10	11/10
1111	Voucher Program for Soldiers with Children in CDC/FCC who Work Extended Hours	Completed	Family Support	10/10	06/11
1120	Soldiers Paying MWR Facilities	Elevated/ Completed	Family Support	10/10	11/10
1122	Paid Fitness Trainers in all Gyms on all Military Installations	Elevated/ Completed	Family Support	10/10	11/10
1123	On Post Child Care Fees	Elevated/ Completed	Family Support	10/10	11/10
1125	Hero's at Home Program at Fort Gordon	Elevated/ Completed	Family Support	10/10	11/10
1126	Quality of Life and Family Life Centers	Active	Family Support	10/10	
Youth 2	Substandard Conditions at the Religious Activities Center	Elevated/ Completed	Family Support	07/10	11/10
1138	Child Development Center Video Footage	Completed	Family Support	10/11	11/11
1144	Financial Issues for Divorcing Service Members with Children	Completed	Family Support	10/11	11/11
1155	More Support for Exceptional Family Member Program Affected Families and Assignments	Elevated/ Completed	Family Support	10/11	11/11
1128	Urinalysis Testing Procedures	Unattainable	Force Support	10/10	06/11
1129	Physical Demands and Current/Relevant Army Guidance	Elevated/ Completed	Force Support	10/10	11/10
1130	Absence of DoD Guidance on TRAP Process to Mitigate Holdunder	Elevated/ Completed	Force Support	10/10	11/10
1137	On Post School Time Off vs. Soldiers Time Off	Unattainable	Force Support	10/11	11/11
1139	TRADOC Regulation 350-6 and the Sexual Harassment/Assault Response and Prevention Program	Completed	Force Support	10/11	11/11

ISSUE #	ISSUE TITLE	STATUS	SUBJECT AREA	ENTERED AFAP	FINAL ACTION
1140	Sexual Harassment/Assault Response Prevention Program	Active	Force Support	10/11	11/11
1147	Use/Lose Days	Completed	Force Support	10/11	11/11
1148	Emergency Leave Bank Program for Service Members	Completed	Force Support	10/11	11/11
1153	Denied Access on Eisenhower Medical Center Computers to Social Media and other Military Websites	Completed	Force Support	10/11	11/11
1159	Training Schedules for Troops not Enforced	Completed	Force Support	10/11	11/11
1162	Excess Paperwork Required for Soldiers to be Released for 4-day Weekend	Active	Force Support	10/11	
1103	Banned Breeds on Post	Elevated/ Completed	Housing	09/10	11/10
1114	Family Housing	Completed	Housing	10/10	06/11
1133	Fairness of Utility Bills	Elevated/ Completed	Housing	10/10	11/10
1124	Families with Special Needs Family Members Exempt from Live Army Green Resident Utilities Initiative	Active	Housing	10/10	
1115	Medical Assignments for Soldiers with Sleep Disorders	Unattainable	Medical	10/10	06/11
1116	Medical Physicals	Elevated/ Completed	Medical	10/10	11/10
1118	Primary Care Appointments for all ID Card Holders	Unattainable	Medical	10/10	06/11
1119	Psychological Care for Active Duty Soldiers	Completed	Medical	10/10	06/11
1127	Patient Advocate Corrective Action Report	Completed	Medical	10/10	06/11
1135	Prenatal Ultrasounds at Eisenhower Medical Center	Completed	Medical	10/11	11/11
1142	Soldiers that have Served Multiple Deployments Should be Required to Talk to a Counselor	Active	Medical	10/11	
1145	Receiving Bill for Lab Work after Delivering a Baby	Completed	Medical	10/11	11/11
1146	Army Wide TRICARE Benefits for Chiropractic Care	Elevated/ Completed	Medical	10/11	11/11
1154	Eisenhower Pharmacy Carrying Medication for ADHD Children	Completed	Medical	10/11	11/11
1157	Inability to go from Emergency Room to Pharmacy	Completed	Medical	10/11	11/11

<b>ISSUE #</b>	<b>ISSUE TITLE</b>	<b>STATUS</b>	<b>SUBJECT AREA</b>	<b>ENTERED AFAP</b>	<b>FINAL ACTION</b>
1158	There is no Safe Way to Dispose of Unused Prescription Medication	Completed	Medical	10/11	11/11
1160	Pharmacy at Eisenhower Army Medical Center not Adequate	Completed	Medical	10/11	11/11
Youth 3	Teen Collaboration in Community Events	Completed	Youth	07/10	06/11
1149	Accessibility to Activities and Equipment to Combat Obesity in Youth	Completed	Youth	10/11	11/11
Youth 11-1	Dance Club for Military Teens	Completed	Youth	7/11	11/11
Youth 11-2	Development and Expansion of Teen Club	Completed	Youth	7/11	11/11
Youth 11-3	Unsafe Traveling Conditions for Teens on Post	Completed	Youth	7/11	11/11

**Issue 1101: Allow Family Members of Active Duty Soldiers Access to Army e-Learning**

- a. **Status:** Elevated/Completed.
- b. **Entered:** September 2010.
- c. **Final action:** November 2010.
- d. **Subject area:** Education
- e. **Scope:** Spouses of Active Duty Soldiers are faced with many difficulties when searching for affordable, portable education. Spouses usually have to depend on online learning programs due to the sporadic and frequent moves they endure. Many states and local counties offer benefits that help, but these benefits are not transferable when a military family goes through a PCS. Army eLearning offers over 1500 free IT, Business, & Interpersonal Skills courses, that can be accessed anywhere in the world via AKO by Active Duty Soldiers, National Guard & Reservists, Cadets, and Civilian Employees only.
- f. **Recommendation:** Allow dependents to access Army eLearning through their sponsored AKO accounts so that they may take advantage of advancing their education without having to worry about the cost and availability of quality distance learning.
- g. **Progress:**  
**Commander's Steering Committee Meeting held 4 November 2010:** Issue to be elevated to mid-level AFAP conference.
- h. **Lead agency:** DHR.

**Issue 1102: DA mandated Self-Defense Course**

- a. **Status:** Elevated/Completed.
- b. **Entered:** September 2010.
- c. **Final action:** November 2010.
- d. **Subject area:** Family Support.
- e. **Scope:** Some installations offer free self-defense courses through the Family Advocacy Program in ACS, and some do not. Many Families are forced to live outside of the safety of the installation due to long On-Post Housing waiting lists, and in turn face the dangers of home invasion. Furthermore, many Family members feel this danger magnified when their Soldier must leave for extended periods of time for either deployment or trainings.
- f. **Recommendation:** Standardize a self-defense course that is to be offered at all installations free of charge.
- g. **Progress:**  
**Commander's Steering Committee Meeting held 4 November 2010:** Issue to be elevated to mid-level AFAP conference.
- h. **Lead agency:** DFMWR.

**Issue 1103: Banned Breeds On Post**

- a. **Status:** Elevated/Completed.
- b. **Entered:** September 2010.
- c. **Final action:** November 2010.
- d. **Subject area:** Housing.
- e. **Scope:** Many breeds of dogs have been unfairly banned from living on post due to unpopular sentiment, rather than proof of aggression and danger. For instance, the English Staffordshire Bull Terrier has been banned due to its name rather than its nature. In England, this is the #1 rated breed for Families and is commonly referred to as the "Nanny Dog". One tragic incident from a pit bull has now caused heartbreak for many Families who have had to get rid of their well-mannered pets. Dogs should not be banned based on their breed, but by their individual temperament. There is no such thing as a bad dog, just bad owners.
- f. **Recommendation:** Remove the ban on restricted breeds. Remove dogs from post if they bite a person or another dog, and if that bite is properly documented with housing management and the installation Military Police.
- g. **Progress:**

- Commander's Steering Committee Meeting held 4 November 2010:** Issue to be elevated to mid-level AFAP conference.
- h. **Lead agency:** Balfour Beatty.

**Issue 1104: Financial Readiness Expert for Family Advocacy program**

- a. **Status:** Completed.
- b. **Entered:** September 2010.
- c. **Final action:** June 2011.
- d. **Subject area:** Family Support.
- e. **Scope:** Economic abuse in the military is a growing problem. When service members relocate to new areas, spouses are at a disadvantage until opportunities are identified. This creates a continued dependence on the service member income for sustainability. The breaking of the cycle of abuse is reliant on financial independence for the victim.
- f. **Recommendation:** Hire a financial readiness staff member that is specially trained to deal with the financial challenges of intimate partner violence cases. A secondary recommendation would be to provide specialized training for an existing staff member and have them tasked to work specifically with the Family Advocacy Program at each installation.
- g. **Progress:**  
**Commander's Steering Committee Meeting held 4 November 2010:** Issue to remain locally.  
**Steering Committee Meeting 9 June 2011:**  
When an alleged victim is seen by an ACS Victim Advocate or a Social Worker through the Department of Social Work, the victim's needs are assessed. Coordination and recommendations are made by the staff member to a financial counselor with the ACS Financial Readiness and Army Emergency Relief Programs.
- h. **Lead agency:** DFMWR/ACS.

**Issue 1105: Civilian Personnel Category for Hiring Existing Contractors Into Civil Service Positions.**

- a. **Status:** Elevated/Completed.
- b. **Entered:** September 2010.
- c. **Final action:** November 2010.
- d. **Subject area:** Employment.
- e. **Scope:** As the federal government seeks to streamline funding and personnel by shifting contract positions to civil service positions, this places current contract employees at a disadvantage for retain ability due to the lack of status. As a consequence contractors whose jobs convert to civil service have the potential to not be able to be hired due to several barriers, the most important of which is the lack of category for a contractor who currently holds those positions. There is a risk of losing highly qualified individuals due to an administrative flaw
- f. **Recommendation:** Establish an "internal" hiring category for existing contractors who are currently holding those positions in order to make them competitive.
- g. **Progress:**  
**Commander's Steering Committee Meeting held 4 November 2010:** Issue to be elevated to mid-level AFAP conference.
- h. **Lead agency:** DHR.

**Issue 1106: Roth IRA Option for SGLI**

- a. **Status:** Unattainable.
- b. **Entered:** September 2010.
- c. **Final action:** June 2011.
- d. **Subject area:** Benefits & Entitlements.
- e. **Scope:** Survivors should be given an additional option to put their SGLI into a Roth IRA. This will allow them to have an investment tool that doesn't require that they pay taxes on the

interest earned. Roth IRAs also offer higher interest rates than the traditional investment with Prudential(the company that handles SGLI).

**f. Recommendation:** Department of the Army would open discussions with the Office of Service member's Group Life Insurance about the addition of better investment tools for Survivors.

**g. Progress:**

**Commander's Steering Committee Meeting held 4 November 2010:** Issue to be elevated to mid-level AFAP conference.

It has been determined that the subject of this issue is actually being practiced, therefore, the issue will remain locally.

**Steering Committee Meeting 9 June 2011:**

The Army has a contract with Prudential to offer investment tools for the survivors. Roth IRA is currently not an option.

**h. Lead agency:** DFMWR/SOS.

#### **Issue 1107: Services for Soldiers Who Experience the Death of a Family Member**

**a. Status:** Elevated/Completed.

**b. Entered:** September 2010.

**c. Final action:** November 2010.

**d. Subject area:** Benefits & Entitlements.

**e. Scope:** The Army doesn't have a program in place to assist Soldiers when they have a death in their Family. Currently, the Survivor Outreach Services (SOS) is receiving calls for assistance from Soldiers who have lost a dependent. This is not part of the SOS mission at this time but the staff still serves these Soldiers and their Families.

**f. Recommendation:** Either create a system to assist the surviving Soldier or expand the mission of SOS to include services for Active Duty dependent deaths.

**g. Progress:**

**Commander's Steering Committee Meeting held 4 November 2010:** Issue to be elevated to mid-level AFAP conference.

**h. Lead agency:** DFMWR/SOS.

#### **Issue 1108: Youth Services/SAS Program Allotted Vacation Time**

**a. Status:** Elevated/Completed.

**b. Entered:** September 2010.

**c. Final action:** November 2010.

**d. Subject area:** Family Support.

**e. Scope:** Parents get 2 weeks' vacation to use annually. When school is closed (Spring Break) parents should not have to use a vacation week for this week. This week should be automatically deducted from the month, making it a free week..

**f. Recommendation:** Can we get more than 2 weeks' vacation, spring break, Thanksgiving, Christmas. Those breaks add up to 4 weeks. Please consider raising the 2 week vacation rule.

**g. Progress:**

**Commander's Steering Committee Meeting held 4 November 2010:** Issue to be elevated to mid-level AFAP conference.

**h. Lead agency:** DFMWR.

#### **Issue 1109: Transfer of Leave Between Soldiers**

**a. Status:** Elevated/Completed.

**b. Entered:** September 2010.

**c. Final action:** November 2010.

**d. Subject area:** Benefits & Entitlements.

**e. Scope:** If a soldier has an emergency and has to tend to his or her family but just came from basic, AIT, or some other situations the soldier has to go negative into his/her leave, causing frustration and low morale. Civilians have the capability to transfer leave to someone who in having a hardship, the soldiers should be allowed

to do the same.

**f. Recommendation:** Allow the willful or volunteered transfer of leave between soldiers be permitted in time of hardship, or need.

**g. Progress:**

**Commander's Steering Committee Meeting held 4 November 2010:** Issue to be elevated to mid-level AFAP conference.

**h. Lead agency:**

#### **Issue 1110: Individual soldier TA Does Not Cover Full Fiscal Year**

**a. Status:** Elevated/Completed.

**b. Entered:** September 2010.

**c. Final action:** November 2010.

**d. Subject area:** Benefits & Entitlements.

**e. Scope:** As a soldier attending 2 classes per semester, with classes starting right after the fiscal year begins we run out of TA about mid-year, but there are soldiers who don't attend classes either because they choose not to, because they have a degree already, or the mission doesn't provide them to do so. Some soldiers are very close to finishing their degree, or part of their degree but run out of money, this causes poor morale, frustration, and financial stress if the soldier doesn't get a grant in time to help.

**f. Recommendation:** Make TA transferable between soldiers if a soldier isn't utilizing their TA, or if a soldier requires more TA and the fiscal year still has money, approve that soldier to continue to attend classes that are within his/her degree plan. This can be monitored and used as a waiver, or as an award. Allowing this privilege would be morale boosting, and allow soldiers to get the education they want quicker. Another alternative would be to offer an advance on the next fiscal year, if a soldier is only a few classes away from finishing their degree but don't have the TA.

**g. Progress:**

**Commander's Steering Committee Meeting held 4 November 2010:** Issue to be elevated to mid-level AFAP conference.

**h. Lead Agency:** DHR.

#### **Issue 1111: Voucher Program for Soldiers with Children in CDC/FCC Who Work Extended Hours**

**a. Status:** Completed.

**b. Entered:** October 2010

**c. Final action:** June 2011.

**d. Subject area:** Family Support.

**e. Scope:** Parents who are AIT Instructors and Platoon Sergeants generally work a minimum of twelve hours a day beginning around 0430 and ending at 1800 or later. This results in requiring extended childcare which is priced at a higher rate. The importance of this issue is the fact that these Soldiers are required to put in extra time because of their jobs much as a deployed Soldier would and are not receiving similarly discounted rates, creating an unfair double standard. This is made further disproportionate by the fact that deployed Soldiers receive additional entitlements.

**f. Recommendation:** Initiate a voucher program for Soldiers working extended duty hours, as may be authorized by the installation commander IAW AR 608-10, Chapter 3, Section 2

**g. Progress:**

**Commander's Steering Committee Meeting held 4 November 2010:** Issue to be elevated to remain locally.

**Steering Committee Meeting 9 June 2011:**

Extended hour care is provided by the CYSS Family Child Care (FCC) providers. For the CYSS center to be open outside the current hours of operation (0600-1800), it would need to be economically viable to operate.

**h. Lead agency:** DFMWR.

#### **Issue 1112: Dental Care for TDY Soldiers**

- a. **Status:** Completed.
- b. **Entered:** October 2010
- c. **Final action:** June 2011.
- d. **Subject area:** Dental.
- e. **Scope:** Soldiers in a TDY status are not allowed to make dental appointments but must wait on standby in the clinic for a canceled appointment (many hours and multiple days possible). Some schools Initial Military training schools last 19 weeks in a TDY status, therefore soldiers who are TDY may not have dental care until they get to their unit 20 weeks after starting AD. Very long time for neglecting cleaning and normal dental care
- f. **Recommendation:** Allow Soldiers in a TDY status to make routine appointments with Dental Care providers

**g. Progress:**

**Commander's Steering Committee Meeting held 4 November 2010:** Issue to be elevated to remain locally.

**Steering Committee Meeting 9 June 2011:**

Soldiers are given an exam on initial entry. Priority care is based on the needs of the Soldiers. Those Soldiers that are dental class 3 (non-deployable) take priority. No new work or preventative work will be done while on TDY. At no time will any Soldier be turned away in a sick call situation.

- h. **Lead agency:** DENTAC.

**Issue 1113: Mandatory DFAC Dining for TDY Personnel who are Forced to Live Off Post**

- a. **Status:** Elevated/Completed.
- b. **Entered:** October 2010
- c. **Final action:** November 2010.
- d. **Subject area:** Benefits & Entitlements.
- e. **Scope:** Attending Signal BOLC-B at Ft. Gordon in a TDY status results in Army Lodging providing you housing and students are provided free meals at the DFAC in lieu of being paid per diem. If on post lodging is full Army Lodging will lodge students off posts at some locations 13 miles off post (one example is Days Inn & Suites at 3039 Washington Rd). With over a 25 minute commute students being released at 1500 would have to wait 90 minutes for DFAC to open (DFAC 5 opens earlier at 1630) or lose 50 minutes to a commute. For breakfast many students with class at 0900 they would have to wait 60 minutes as the DFAC closes at 0800. Forcing students to live off post and eat at the DFAC is an incredible inconvenience and for some students forces students to sit in their cars and wait. Students who are not housed on post suffer a great inconvenience by being forced to eat at the DFAC
- f. **Recommendation:** Students forced to live off post should be paid full per diem rates rather than be forced to eat at a dining facility
- g. **Progress:**  
**Commander's Steering Committee Meeting held 4 November 2010:** Issue to be elevated to mid-level AFAP conference.
- h. **Lead agency:** DHR.

**Issue 1114: Family Housing**

- a. **Status:** Completed.
- b. **Entered:** October 2010
- c. **Final action:** June 2011.
- d. **Subject area:** Housing.
- e. **Scope:** Unfair Practices: How can service members ensure that the system is working and equitable? There have been allegations of favoritism and "calling in of favors" to get personnel into the military housing ahead of those who have been waiting on the housing list of extended periods
- f. **Recommendation:** Ensure that everyone - those on and not on the list - can access the housing list so that the personnel working within the housing system are kept honest and the system is transparent. No identifiable information has to be present if the list

is being tracked by a unique case number. If a request for housing is filed using an exception, the exception to policy column can be populated to reflect that. This way all questions can be fielded and issues resolved with certainty. Why shouldn't the system be transparent? Who is hiding what and why?

**g. Progress:**

**Commander's Steering Committee Meeting held 4 November 2010:** Issue to be elevated to remain locally.

**Steering Committee Meeting 9 June 2011:**

There is an adequate system in place when dealing with the military housing waiting list.

- h. **Lead agency:** Balfour Beatty.

**Issue 1115: Medical Assignments for Soldiers with Sleep Disorders**

- a. **Status:** Unattainable.
- b. **Entered:** October 2010
- c. **Final action:** June 2011.
- d. **Subject area:** Medical.
- e. **Scope:** I am seeing a lot of fellow Soldiers who have to take sleeping medication either to help with pain, emotional nightmares, or because they have worked a shift too long. One start would be for the Army to enforce a policy of shift rotation every month or two, no exceptions, and try to work only 8 hour shifts if they have the manpower
- f. **Recommendation:** Establish medical assignments for Soldiers with sleep disorders
- g. **Progress:**  
**Commander's Steering Committee Meeting held 4 November 2010:** Issue to be elevated to remain locally.  
**Steering Committee Meeting 9 June 2011:** Health prevention and service promotions are available to Soldiers who express a need. Shift work may be necessary to carry out the mission requirements.
- h. **Lead agency:** DDEAMC.

**Issue 1116: Medical Physicals**

- a. **Status:** Elevated/Completed.
- b. **Entered:** October 2010
- c. **Final action:** November 2010.
- d. **Subject area:** Medical.
- e. **Scope:** Why are full physicals no longer an option for Soldiers who are concerned about their health and want to ensure that they are in good health
- f. **Recommendation:** Reinstitute the 5-year physical option
- g. **Progress:**  
**Commander's Steering Committee Meeting held 4 November 2010:** Issue to be elevated to mid-level AFAP conference.
- h. **Lead agency:** DDEAMC.

**Issue 1117: Orthodontic Re-start Costs for Active Duty Family Members**

- a. **Status:** Elevated/Completed.
- b. **Entered:** October 2010
- c. **Final action:** November 2010.
- d. **Subject area:** Dental.
- e. **Scope:** If a Family Member PCSs during the timeframe they are receiving orthodontic care, the losing duty station's orthodontist is not required to refund monies that have already been paid but not used toward the patient's care. Once the Family arrives at the new duty station, the Soldier is required to pay the new orthodontist re-start costs, that are not covered in any relocation entitlements currently received for PCSing. This creates a financial burden on the Family because the TRICARE cap has more than likely been maxed out, forcing the Soldier to pay the re-start costs with out of



pocket resources

**f. Recommendation:** Eliminate re-start costs when relocating due to military PCS move

**g. Progress:**

**Commander's Steering Committee Meeting held 4 November 2010:** Issue to be elevated to mid-level AFAP conference.

**h. Lead agency:** DENTAC.

**Issue 1118: Primary Care Appointments for All ID Card Holders**

**a. Status:** Unattainable.

**b. Entered:** October 2010

**c. Final action:** June 2011.

**d. Subject area:** Medical.

**e. Scope:** It is very frustrating not being seen by your assigned primary care provider at the medical clinic. You are seen by whoever is available, if you want/need to be seen within a week. If you are sent for blood, x-rays, or given a consult to another department for treatment and need follow-up or wish to know your results you have to call the appointment line and leave a message but it goes to your primary care provider, who has no clue and does not act upon it.

**f. Recommendation:** Amend Army policy to allow Soldiers to seek professional psychological care without having a negative impact on their career or unit duties

**g. Progress:**

**Commander's Steering Committee Meeting held 4 November 2010:** Issue to be elevated to remain locally.

**Steering Committee Meeting 9 June 2011:**

The medical facility strives to schedule appointments with the patient's Primary Care Manager (PCM). This is not always possible due to provider deployments, leave, TDY, or other military specific training. If a patient needs to be seen, and their PCM is not available, they will be scheduled with the next available provider. The patient will then need to follow up with their PCM when available.

**h. Lead agency:** DDEAMC.

**Issue 1119: Psychological Care for Active Duty Soldiers**

**a. Status:** Completed.

**b. Entered:** October 2010

**c. Final action:** June 2011.

**d. Subject area:** Medical.

**e. Scope:** The command is notified as soon as a Soldier is seen at the clinic and given an overview of what the problem is. Whatever happened to doctor/patient privacy? There needs to be a better way to allow Soldiers to receive care, take medication, and still keep them in a leadership role without the command removing them or suspending their security clearance. Our suicide rate is too high. Allow the Soldiers to us a VA group off bus for support meetings

**f. Recommendation**

**g. Progress:**

**Commander's Steering Committee Meeting held 4 November 2010:** Issue to be elevated to remain locally.

**Steering Committee Meeting 9 June 2011:**

Healthcare providers only share need to know information with commanders. They are regulated by the Health Insurance Portability and Accountability Act (HIPAA) and cannot violate the terms of the HIPAA.

**h. Lead agency:** DDEAMC.

**Issue 1120: Soldiers Paying for MWR Facilities**

**a. Status:** Elevated/Completed.

**b. Entered:** October 2010

**c. Final action:** November 2010.

**d. Subject area:** Family Support.

**e. Scope:** Active duty Soldiers should not have to pay to enter Pointes West and other recreational areas including the Courtyard Pool (living off post). MWR profits should translate to benefits to Soldiers.

**f. Recommendation:** Change the rules so active duty Soldiers don't pay to enter Pointes West and the Courtyard Pool. Advertise how MWR benefits Soldiers with the money earned from AAFES, etc

**g. Progress:**

**Commander's Steering Committee Meeting held 4 November 2010:** Issue to be elevated to mid-level AFAP conference.

**h. Lead agency:** DFMWR.

**Issue 1121: Government GS and Contractor Workers with Valid CAC are Not Able to Use the Shoppettes**

**a. Status:** Completed.

**b. Entered:** October 2010

**c. Final action:** June 2011.

**d. Subject area:** Consumer Support.

**e. Scope:** There are situations where a GS (non-retired) or contractors that work full time for the government and have valid CAC identification and not able to go to the local shoppette to purchase personal items such as kotex, tampons, pain medications (items needed in emergency). The individual has to leave their job and travel all the way off post and find the nearest location or gas station to quickly accommodate that immediate need

**f. Recommendation:** Allow GS (non-retired) and contractor with CAC IDs to make purchase (no alcohol or tobacco products) and even charge taxes. It is not necessary to have access to the PX, but need some facility such as the shoppette so workers does not have to take more time off from the gov't job or ask a Military ID person to help them in an emergency.

**g. Progress:**

**Commander's Steering Committee Meeting held 4 November 2010:** Issue to be elevated to remain locally.

**Steering Committee Meeting 9 June 2011:**

Contractors may use the shoppettes for items that they can consume in a day, as long as their contractor ID is shown. For other items, it is on a case by case basis.

**h. Lead agency:** AAFES.

**Issue 1122: Paid Fitness Trainers in all Gyms on all Military Installations**

**a. Status:** Elevated/Completed.

**b. Entered:** October 2010

**c. Final action:** November 2010.

**d. Subject area:** Family Support.

**e. Scope:** Not all gyms on military installations have fitness trainers that are free to military members and their families. This is a financial burden on military members and family members. Families should not have to pay at one installation then PCS to another and have to pay at the gaining installation. All installations should offer the same services.

**f. Recommendation:** Have paid staff as fitness trainers in all gyms on military installation that are free to all military members and their families. Trainers should be available throughout the day. Trainers should offer free fitness classes each week.

**g. Progress:**

**Commander's Steering Committee Meeting held 4 November 2010:** Issue to be elevated to mid-level AFAP conference.

**h. Lead agency:** DFMWR.

**Issue 1123: On Post Child Care Fees**

**a. Status:** Elevated/Completed.

- b. Entered:** October 2010
- c. Final action:** November 2010.
- d. Subject area:** Family Support.
- e. Scope:** The on-post Childcare Center charges different rates for different ranks as allowed in AR 608-10. Although the Army/Ft Gordon is trying to help young, low ranking Soldiers with their Child Care costs, there seems to be an inequality here as different folks pay different rates for the same service. Childcare Center can charge a flat rate for services as indicated in the regulation, "Fees for hourly and part-day preschool services may be a flat rate, follow the full-day graduated fee schedule or be based on rank".
- f. Recommendation:** Charge patrons a flat rate for child care services
- g. Progress:**  
**Commander's Steering Committee Meeting held 4 November 2010:** Issue to be elevated to mid-level AFAP conference.
- h. Lead agency:** DFMWR.

**Issue 1124: Families with Special Needs Family Members Exempt from Live Army Green Resident Utilities Initiative**

- a. Status:** Active.
- b. Entered:** October 2010
- c. Final action:**
- d. Subject area:** Housing.
- e. Scope:** Families with special needs may use more energy than families without special needs because of electronic devices are needed for the family member that has special needs.
- f. Recommendation:** Families with a special needs family member can apply for an exempt for the Live Army Green resident utilities initiative.
- g. Progress:**  
**Commander's Steering Committee Meeting held 4 November 2010:** Issue to be elevated to remain locally.  
**Steering Committee Meeting 9 June 2011:** More information is required from subject matter expert.
- h. Lead agency:** Balfour Beatty.

**Issue 1125: Hero's at Home Program at Fort Gordon**

- a. Status:** Elevated/Completed.
- b. Entered:** October 2010
- c. Final action:** November 2010.
- d. Subject area:** Family Support.
- e. Scope:** This program is offered at other installations where a Certified Parent Educator goes into the homes of family members with children ages birth through 5 and brings the child a book and works on activities that are appropriate to the child's age and development. This way the parent can spot concerns or special needs of the child early to help with early intervention.
- f. Recommendation:** Offer the Hero's at Home program at Fort Gordon
- g. Progress:**  
**Commander's Steering Committee Meeting held 4 November 2010:** Issue to be elevated to mid-level AFAP conference.
- h. Lead agency:** DFMWR/ACS.

**Issue 1126: Quality of Life and Family Life Centers**

- a. Status:** Active.
- b. Entered:** October 2010
- c. Final action:**
- d. Subject area:** Family Support.
- e. Scope:** Family Life Centers on military installations are not open during critical hours. this is an Army wide situation immediate care for soldiers and family members is a 24 hours a day quality of life issue.
- f. Recommendation:** Family Life centers should be open for walk

in care especially during lunch. lunch hours can be staggered by employees to ensure that care is provided to soldiers and family members. 24 hour phone number posted at the doors will ensure immediate care. these numbers should be posted on all military buildings

- g. Progress:**  
**Commander's Steering Committee Meeting held 4 November 2010:** Issue to be elevated to remain locally.
- h. Lead agency:** Religious Support Office.

**Issue 1127: Patient Advocate Corrective Action Report**

- a. Status:** Completed.
- b. Entered:** October 2010
- c. Final action:** June 2011.
- d. Subject area:** Medical.
- e. Scope:** Patients who submit concerns and issues to the Patient advocate should receive a report of the outcome of the issue. at times patients have issues that deal with inappropriate dangerous medical care, these should have priority . patients should be advice of mental health care for PTSD of issue or event.
- f. Recommendation:** Patient Advocate provides patients with follow up information on actions taken to correct the situation. Reports to patients will be submitted within 30 days of report of issue. follow up with mental health care for patient as needed.
- g. Progress:**  
**Commander's Steering Committee Meeting held 4 November 2010:** Issue to be elevated to remain locally.  
**Steering Committee Meeting 9 June 2011:** There are systems in place to assist patients to report an incident and receive assistance. The Patient Advocate (PA) Office offers patients and customers a call back with follow up within two weeks of the initial inquiry. Sometimes the investigation may take longer. The PA continues to keep the patient/customer posted as the inquiry is being processed. Customers/patients may always contact the PA at any point and as often as they like for follow-up to their inquiry. The interactive customer evaluation system is also available for all customers/patients for the quickest way to resolve an issue.
- h. Lead agency:** DDEAMC.

**Issue 1128: Urinalysis Testing Procedures**

- a. Status:** Unattainable.
- b. Entered:** October 2010.
- c. Final action:** June 2011.
- d. Subject area:** Force Support.
- e. Scope:** Soldiers personal privacy is being invaded during the conduct of a urinalysis up 4 times in one month when a unit/organization conducts a urinalysis once a month. The manner in which samples are collected is a serious invasion of personal space and privacy that seems not to have raised a few eyebrows. Understanding the potential to cheat the test using various tactics, not every Soldier cheats! Must look closely at the intent of the urinalysis versus the tactics used to collect a sample. Observers are required to follow the collection of a sample from the bottle, receptacle, to the actual flow of urine into the bottle until it is sealed and signatures are collected. The manner in which the sample is collected is quite perverted as the observer is often a complete stranger who may observe the underwear, and any potential stains (i.e. from accidental body waste), or faced with natural body functions to pass/release body waste, fluids or gases. No one should have to suffer from this form of humiliation at any time that includes the observer, and the Soldier being tested. The Army can and should do better to demonstrate general respect for the personal privacy of its Soldiers while ensuring the force is Drug Free.
- f. Recommendation:** Replace the current testing method in place

of a hair follicle, blood test, or alternate testing method that provides accurate and reliable evidence of drug use, while preventing unwarranted instances of invasion to personal space and privacy.

**g. Progress:**

**Commander's Steering Committee Meeting held 4 November 2010:** Issue to be elevated to remain locally.

**Steering Committee Meeting 9 June 2011:**

The current method is mandated by Army Regulation 600-85 and passed by the Department of the Army Judge Advocate General. Other methods such as hair and saliva tests have not been validated to the point that will stand up in court.

**h. Lead agency:**

**Issue 1129: Physical Demands and Current/Relevant Army Guidance**

**a. Status:** Elevate/Completed.

**b. Entered:** October 2010.

**c. Final action:** November 2010.

**d. Subject area:** Force Support.

**e. Scope:** DA PAM 611-21, Ch 9,9-5 "...Pending publication of an Army Regulation outlining personnel developer responsibilities and methodology for assessing physical demands, the procedures outlined in Women in the Army Policy Review, appendix G, 12 November 1982 will be utilized by personnel developers to prepare physical demands analysis work sheets. Completed work sheets will be forwarded to ODCS G-1, ATTN: DAPE-PRP-CSB, 300 Army Pentagon, Washington DC 20310-0300.."

Note: "Women in the Army Policy Review, appendix G, 12 November 1982" This document is outdated and was replaced by AR 600-13, Army Policy for the Assignment of Female Soldiers (1992). Which fails to address personnel developer responsibilities and methodology for assessing physical demands or identify the actual approving authority for DA Form 5643.

AR 611-1, 2-3. a. (5). Physical Demands Analysis Worksheet (DA Form 5643-R). If SL 1 of an enlisted MOS is revised or included in a new MOS, at least one worksheet must be prepared for each SL 1 task. Guidance for completion of these worksheets is contained in the "Women in the Army Policy Review" DA ODCSPER, 12 November 1982. DA Form 5643-R will be reproduced on 8 1/2 by 11 inch paper. A copy for reproduction purposes is located in the back of this regulation.

**f. Recommendation:** Update AR 611-1, AR 600-13, Army Policy for the Assignment of Female Soldiers, 27 Mar 1992 and other related regulations to include updated physical requirements (reflective of current/relevant, and current military operations) physical demands, proponent responsibilities and methodology for assessing physical demands related to specific MOSs, scheduled updates, identification of an approving authority for DA Form 5643. Ensure standards for physical demands are in concert with US Code 37.02 US Department of Labor Physical Demand Characteristics of Work.

**g. Progress:**

**Commander's Steering Committee Meeting held 4 November 2010:** Issue to be elevated to mid-level AFAP conference.

**h. Lead agency:**

**Issue 1130: Absence of DoD Guidance on TRAP Process to Mitigate Holdunder**

**a. Status:** Elevated/Completed.

**b. Entered:** October 2010.

**c. Final action:** November 2010.

**d. Subject area:** Force Support.

**e. Scope:** DODI 5160.48, DOD Public Affairs and Visual Information Education and Training failed to establish a formalized

TRAP process. DoD's failure to institute policy is compounded by various DoD organizations refusal to adopt a formal Training Requirements Arbitration Panel (TRAP) process for year of execution changes to assist in reducing the Holdunders for each service. The length of time a Soldier is on ground awaiting training has often reached up to 12 months. United States Army elements are required to simultaneously manage these Soldiers and accommodate basic needs, as well as other Soldiers who report on time with valid reservations until seats become available.

**f. Recommendation:** Recommend an update to DODI 5160.48, DOD Public Affairs and Visual Information Education and Training to establish a formalized TRAP process and Holdunder plan. DoD's must institute policy to support the various military services to prevent DoD organizations from refusing to adopt a formal Training Requirements Arbitration Panel (TRAP) process to address year of execution changes. The Army uses the following process to manage Holdunders:

Army G1 notifies TRADOC G-3/5/7 of training request TOMA  
-Sends to Schools to identify resource requirements (2-3 Weeks)

-Receives one-time requirements from schools

- Validates equip requirement is in POI (1 Week)

-Distributes schools input of one times to TRADOC G-8, G-4 & IMCOM for validation-

-TRADOC G-4 - Assesses Availability of Equip & Costs

-IMCOM- Facilities & BASOPS request

-TRADOC G-8 - Mission one times non-equip (1 Week)

-Submits staffs validated requirements to HQDA G1/G3

- Works personnel requirements with G1/HRC

- Notifies TRADOC G-8 if DA HRC is able to fill military requirement &

adjust one time requirement instructor/DSTE cost.

- Prepares Memo for TRADOC G-3/5/7 to forward to DA accepting TRAP (1 Week)

DA TRAP CoC's APPROVAL (4-7Weeks)

Recommend DoD develop and publish a similar process in DODI 5160.48 to address year of execution changes.

**g. Progress:**

**Commander's Steering Committee Meeting held 4 November 2010:** Issue to be elevated to mid-level AFAP conference.

**h. Lead agency:**

**Issue 1131: FRSA Working Under the Same BDE/BAT As Their Spouses Do**

**a. Status:** Active.

**b. Entered:** October 2010.

**c. Final action:** .

**d. Subject area:** Employment.

**e. Scope:** Perception is reality, a young soldier or spouse is intimidated when FRSA is also Married to a Senior Leader within that unit, BDE, BN or Co level. Undo command Influence. A standard needs to be made for the installation/army wide no matter if you are TRADOC or FORSCOM. Conflict of Interest.

**f. Recommendation:** Should not allow FRSA to work in the same unit if their spouses are in leadership position.

**g. Progress:**

**Commander's Steering Committee Meeting held 4 November 2010:** Issue to be elevated to remain locally.

**Steering Committee Meeting 9 June 2011:**

This issue cannot be addressed locally and will need to be forwarded to the next level.

**h. Lead agency:** DFMWR.

**Issue 1132: FRSA Volunteering During Duty Hours**

**a. Status:** Completed.

**b. Entered:** October 2010.

**c. Final action:** June 2011.

**d. Subject area:** Employment.

**e. Scope:** How can a government employee volunteer during duty hours for volunteer work on the installation. i.e., AFAP Infringement of policies. FRSA are not informing their Commander that this is volunteer work and not required... Misrepresentation to the Commander...dishonest.

**f. Recommendation:** Have a form that must be signed by Commander so he is aware of the circumstance i.e., Required to do, would like to do or volunteering to do.

**g. Progress:**

**Commander's Steering Committee Meeting held 4 November 2010:** Issue to be elevated to remain locally.

**Steering Committee Meeting 9 June 2011:**

Civilian employees are not permitted to volunteer during duty hours unless they are on leave. An employee can support another program as long as it is within the purview of their position description and their supervisor or manager supports and approves.

**h. Lead agency:** DFMWR.

#### Issue 1133: Fairness of Utility Bills

**a. Status:** Elevated/Completed.

**b. Entered:** October 2010.

**c. Final action:** November 2010.

**d. Subject area:** Housing.

**e. Scope:** Why isn't a family's size considered when developing the utility "baseline"? Its common sense to think that a home with a family of 4-5 will consume more utilities than a home with only 2 and in some instances 1 person residing within that home. Why are all neighborhood homes grouped together regardless of the family size within the homes?

**f. Recommendation:** Develop a baseline, based on the number of people residing in a home, in addition to the type of home, when it comes to charging utilities.

**g. Progress:**

**Commander's Steering Committee Meeting held 4 November 2010:** Issue to be elevated to mid-level AFAP conference.

**h. Lead agency:** Balfour Beatty.

#### Issue Youth 1: Expand AAFES Music Section

**a. Status:** Elevated/Completed.

**b. Entered:** July 2010.

**c. Final action:**

**d. Subject area:** Consumer Support.

**e. Scope:** AAFES does not have a music store. There is currently no place to buy or fix instruments on base. Music lovers need a place to purchase music, CDs, sheet music and accessories.

**f. Recommendation:** Provide a larger inventory of music and music supplies in AAFES stores to include band and orchestra instruments, sheet music, etc.

**g. Progress:**

**Commander's Steering Committee Meeting held 4 November 2010:** Issue to be elevated to mid-level AFAP conference.

**h. Lead agency:** .

#### Issue Youth 2: Substandard Conditions at the Religious Activities Center

**a. Status:** Elevated/Completed.

**b. Entered:** July 2010.

**c. Final action:** November 2010.

**d. Subject area:** Family Support.

**e. Scope:** The A/C in buildings is in need of maintenance. The restrooms are disgusting; buildings are outdated and have a foul smell. Many people who use the facilities are young children who are being exposed to unsanitary conditions.

**f. Recommendation:**

1. Relocate the Religious Activities Center to Freedom Park School.

2. Rebuild the Religious Activities Center.

**g. Progress:**

**Commander's Steering Committee Meeting held 4 November 2010:** Issue to be elevated to mid-level AFAP conference.

**h. Lead agency:** Religious Support Office.

#### Issue Youth 3: Teen Collaboration in Community Events

**a. Status:** Completed.

**b. Entered:** July 2010.

**c. Final action:** June 2011.

**d. Subject area:** Youth.

**e. Scope:** Teens have a minute voice in artistic community events and are not given many opportunities to express their points of view. Music events, festivals and fairs are all planned with no input from teens. More teen input will increase teen attendance at events and therefore increase revenue for MWR.

**f. Recommendation:**

1. Invite teens to organizational meetings for community events.

2. Develop a community survey to determine the venue of artists and social events in the community.

**g. Progress:**

**Commander's Steering Committee Meeting held 4 November 2010:** Issue to be elevated to remain locally.

**Steering Committee Meeting 9 June 2011:**

The CYSS Youth Program has the Torch Club and the Keystone Clubs. These clubs are specifically for youth to expand their leadership skills. It also serves as a forum for all youth to talk about their concerns, ideas and interests. CYSS also has the Youth Advisory Council, which meets quarterly.

**h. Lead agency:** DFMWR.

#### Issue 1134: Converting Contract Positions to GS Should Give Right of First Refusal to the Contractor

**a. Status:** Completed.

**b. Entered:** October 2011.

**c. Final action:** November 2011.

**d. Subject area:** Employment.

**e. Scope:** Currently, when a contractor position converts into a GS position the person who has been working in the contract position has no right to keep the job. If the job is open to all there will be two referral lists. One is the preference list for veterans, military spouses, other government employees, etc. The second list is the non-preference list. The second list is where most contractors will wind up. The first list must be depleted before the non-preference list can be accessed.

**f. Recommendation:** The government could save money that is required to fill these converting positions by giving contract employees who have a satisfactory rating the right of first refusal. This system would ensure the integrity of program.

**g. Progress:**

**STAFF DISCUSSION:**

a. The **Code of Federal Regulations (CFR)** is the codification of the general and permanent rules and regulations published in the [Federal Register](#) by the executive departments and agencies of the [Federal Government of the United States](#). All Recruitment is based on the 5 CFR, which are laws enacted by Congress. When positions are being converted from contract to federal, the contractor is treated as an applicant for a federal service position, which is based on the 5 CFR. Once the Civilian Personnel Advisory Center (CPAC) receives a Request for Personnel Action (RPA) to recruit, the DoD Priority Placement Program and the Reemployment Placement Program must be cleared for priority candidates. If these programs are clear, the manager has a choice

to recruit internally for status applicants or externally to all US citizens. If some of the contract employees are 30% or more compensable disabled veterans or veterans with Veterans Recruitment Appointment (VRA), some placements may be made noncompetitively (after clearing the priority programs).

b. When a position is announced externally (under categorical rating), veterans' preference candidates have a priority over nonveterans. The Office of Personnel Management (OPM) administers entitlement to veterans' preference under Title 5, United States Code, which is based on law.

c. Under categorical rating, qualified candidates are grouped into three categories: "Qualified", "Highly Qualified", and "Best Qualified". If there are no veterans that are "Best Qualified" nonveterans may be selected provided that these candidates are in the "Best Qualified" category. This applies to all categories.

**STAFF RECOMMENDATION:** Unable to provide the right of first refusal to contract employees due to the fact that there is no competitive hiring authority for contract employees. Contractors applying for federal positions must be status candidates, have a non-competitive status eligibility, or be a US Citizen.

**Commander's Steering Committee Meeting held 17 November 2011:** Issue has been transferred to the local Customer Management System for follow-up and resolution.

**h. Lead agency:** Civilian Personnel Office.

#### **Issue 1135: Prenatal Ultrasounds at Eisenhower Medical Center**

**a. Status:** Completed.

**b. Entered:** October 2011.

**c. Final action:** November 2011.

**d. Subject area:** Medical.

**e. Scope:** In early December of 2010, the radiology department at Eisenhower Medical Center began a new policy where sex determination is not given during prenatal ultrasound. Under Tricare's policy, a woman that is not considered as high risk pregnancy, is approved for only one ultrasound at a military installation after she reaches 20 weeks. Normally, gender determination is given at this ultrasound. Since it is no longer given at Ft Gordon, families incur extra prenatal expenses and financial hardship either because they are not adequately prepared for the baby once it arrives, or because they must pay out of pocket upwards of \$100 or more for a civilian ultrasound.

**f. Recommendation:**

1. Change the policy in the radiology department of Eisenhower Medical to allow ultrasound technicians to reveal the sex of the baby by having women sign a release of liability form if the gender is undeterminable or incorrectly concluded.

2. Change Tricare policy to fully cover, or reimburse, one civilian ultrasound imaging if the assigned military radiology department refuses to give sex determination.

**g. Progress:**

**Commander's Steering Committee Meeting held 17 November 2011:** Issue has been transferred to the local Customer Management System for follow-up and resolution.

**h. Lead agency:** DDEAMC.

#### **Issue 1136: Military Spouse Employment under EO 13473**

**a. Status:** Completed.

**b. Entered:** October 2011.

**c. Final action:** November 2011.

**d. Subject area:** Employment.

**e. Scope:** There have been times that spouses have received notices that they are not eligible to apply for federal positions. In fact, many are eligible under the EO 13473. By the time they

receive the not eligible notification, the selection process has begun. Thus missing out on employment opportunity.

**f. Recommendation:** Train installation's human resources department and establish checks in balances in the CPOL's application process. This will eliminate a spouse getting this false notification when the job announcement list EO 13473 or military spouse preference in the job notification. Spouses that have qualifications for the advertise position will have the opportunity to have their resume and qualifications reviewed for selection.

**g. Progress:**

**STAFF DISCUSSION:**

We are continuing to educate Managers and Applicants on all available hiring programs.

As of 30 November 2010, a military spouse is eligible for registration in the DoD Priority Placement Program (PPP) even if they have never held a Federal position before. The spouse has two years from the date of the PCS orders being issued to gain employment. The spouse must be on the PCS orders and must be married before PCSing to the new installation. This benefit is afforded once per PCS. Finally, the Military Spouse must be within the commuting area of the sponsor's orders.

Under EO 13473, if qualified a Military Spouse may apply for any position in which EO 13473 is listed as an employment category under the "Who May Apply" section of the internal vacancy announcement. This employment category is listed on all Fort Gordon Internal Vacancy Announcements. EO 13473 allows a Military Spouses to compete as an internal candidate. As stated above, eligibility for this appointing authority requires that the spouse must be on the PCS orders and must be married before PCSing to the new installation. This benefit is afforded once per PCS. The Military Spouse must be within the commuting area of the sponsor's orders and the Military Spouse has two years from the date of the PCS Orders.

**STAFF RECOMMENDATION:** That ACS, Family Support Groups, and other agencies continue to educate military spouses on available hiring programs.

**Commander's Steering Committee Meeting held 17 November 2011:** Issue has been transferred to the local Customer Management System for follow-up and resolution.

**h. Lead agency:** Civilian Personnel Office.

#### **Issue 1137: On Post School Time Off vs. Soldiers Time Off**

**a. Status:** Unattainable.

**b. Entered:** October 2011.

**c. Final action:** November 2011.

**d. Subject area:** Force Support.

**e. Scope:** Every time the Soldiers have a 4 day weekend it NEVER coincides with the children's 4 day. For example, Presidents Day. Soldiers had Friday and Monday off. The school on post had Monday and Tuesday off. So if we wanted to go out of town someone is either going to miss work or miss school. I understand that it is Richmond County that sets the schools time off but why can't the Soldiers have the same time as the schools for these long weekends?

**f. Recommendation:** Have the Post have long weekends that match up to the school district so that someone's days don't overlap. (ex. President's Day 2011, Soldiers: Friday, Saturday, Sunday, Monday Schools: Saturday, Sunday, Monday, Tuesday) Change it to where the Soldiers get the same time off as their children.

**g. Progress:**

**Staff Discussion:**

**a.** TRADOC Holiday Observance guidance comes from the Deputy Commanding General/ Chief of Staff TRADOC. This guidance applies to all TRADOC installations. Units on FT. Gordon that belong to other MACOMS i.e. NETCOM,

FORSCOM, IMCOM, receive their Holiday Observance guidance from their Higher Headquarters respectively, and may be different.

**b.** Columbia and Richmond County Schools districts start planning their school year out at least one year in advance, in which they take into consideration their required number of instructional days and testing windows.

**Staff Recommendation:** Training Holidays are used in conjunction with Federal Holidays to allow for extended personal time off for Soldiers due to the increased OPTEMPO of our forces and to allow down time. The days off are military based and not necessarily supported by the local county or community. It is my opinion, that this is an issue that cannot be decided in this forum at this level. Each county that supports the Ft Gordon community has separate school schedules and each MACOM on Ft Gordon also has separate Holiday schedules. At this time, it is recommended that no changes are made to any Holiday Observance.

**Commander's Steering Committee Meeting held 17 November 2011:** Fort Gordon is unable to change the school days off due to it being a county/state decision. There are multiple calendars that the Fort Gordon Soldiers follow, depending on the Major Army Command they fall within. It is not feasible to coordinate all of the calendars to follow the same days off.

**h. Lead agency:** SIGCoE G-33 Plans.

**Issue 1138: Child Development Center Video Footage**

**a. Status:** Completed.

**b. Entered:** October 2011.

**c. Final action:** November 2011.

**d. Subject area:** Family Support.

**e. Scope:** If a child has an accident, parents are not allowed to view the video footage.

**f. Recommendation:** Make video footage available to parents when accidents occur involving their children.

**g. Progress:**

**Staff Discussion:**

1. Per the Video Surveillance System (VSS) Guidebook, published through IMCOM G-9 (formerly FMWRC), "Program Directors may review recordings with concerned parents/legal guardians in the privacy of the Director's Office on the Admin Workstation. Note: Directors should be careful to ensure staff and children/youth are not singled out and that this privilege is not used to excess."

2. Our Ft. Gordon installation VSS SOP states: "Parents/legal guardians may request to view recordings that include their child/youth when their child/youth is the only one present in the recording. Parents/legal guardians cannot view recordings that have any children/youth other than their own in the recording." This is to protect the identity of the other children/youth in the video. However, in most instances, we can narrow down the footage to the exact time the incident occurred and show that portion only to the parents.

3. The VSS Guidebook further states: "Requests [for viewing video] must be coordinated with the Facility/Program Director in advance and documented in the CYSS VSS Review Log."

4. Parent/legal guardians are "not authorized a copy of the recordings". "Images recorded on the CYS Services VSS may not be released to parents/legal guardians to take home for review without FOIA approval."

5. Any release of information, or Freedom of Information Act (FOIA) requests must go through the following Ft. Gordon offices: Ms. Deborah Woods, Directorate of Human Resources, and JAG. In the FOIA request, it must state exactly what the parent wants (i.e. copy of the SOP). CYSS cannot release anything to parents unless we have approval from JAG after the FOIA request has been reviewed.

**Commander's Steering Committee Meeting held 17 November 2011:** Issue has been transferred to the local Customer Management System for follow-up and resolution.

**h. Lead agency:** DFMWR.

**Issue 1139: TRADOC Regulation 350-6 and the Sexual Harassment/Assault Response and Prevention Effort**

**a. Status:** Completed.

**b. Entered:** October 2011.

**c. Final action:** November 2011.

**d. Subject area:** Force Support.

**e. Scope:** Currently IET students who are victims of sexual trauma must be transported to behavior health and other appointments via the unit van. The fact the van drops them off at Behavior Health with everyone knowing where they are going adds to their anxiety and may be one reason many choose to not take advantage of our services.

**f. Recommendation:** TRADOC regulation changes so SHARP/Victim Advocates can take the victims who are IET or in a student status for medical services instead of the use of a duty van. Local recommendation is that Senior Mission Commander establish a routine bus transportation or shuttle for the installation. One that everyone can use.

**g. Progress:**

**Staff Discussion:**

1. Behavior Health and we are exploring using a tele-medicine approach. We have the capability to connect a victim/survivor to their clinician over a computer. We're looking at placing terminals in places such as the Chaplains office, and the chapels, whereby a Soldier can be excused to go to the chaplain/chapel and can access their doctor/psychologist and do their session. We hope this will help to overcome the stigma associated with asking for help and having to ride that van. I do not have an implementation date but am exploring this possibility and narrowing the timeframe. The technology is available and we just need to make it work for us.

2. This comment also really goes to the core reason behind transitioning to a program with a broader scope. It allows us to look from several lenses and perspectives. I hope to speak with small groups of victims and to work more closely with others who share our goals and objectives. They may or may not be affiliated with Fort Gordon. We have our perceptions of what is happening based on our history and experiences. However our perspective may not line up totally with how it's seen by a victim (survivor) shoes and we may be way off target. I'm still trying to learn if we've ever ask them about what or how we do things. When we officially become SHARP I hope some will talk with me and help me to be of greater service to them.

3. Finally, Commander's making every attempt to do the right thing may not be doing the best thing. I believe we can do a better and more thorough job of helping them to understand this issue in its entirety. They need more than definitions. They must understand what a victim experiences - the fear, uncertainty, doubt, anger, etc. They must understand their own behaviors and whether men and women in their unit see reporting and seeking help as the best thing and the right thing to do. My objective as program manager is to educate our leaders beyond the definitions. People are not plastic so we can't take a plastic approach. Leaders must understand what victims have and are experiencing. They must "hear" from those who are able and willing to share their stories. They have survived. I believe they have something to say. And I know that something can help us tremendously.

**Commander's Steering Committee Meeting held 17 November 2011:** Issue has been transferred to the local Customer Management System for follow-up and resolution.

**h. Lead agency:** EEO.

#### **Issue 1140: Sexual Harassment/Assault Response and Prevention Program**

- a. Status:** Active.  
**b. Entered:** October 2011.  
**c. Final action:**  
**d. Subject area:** Force Support.  
**e. Scope:** Military personnel who are victims of sexual assault can receive recovery care on post. If a civilian employee is a victim of sexual assault while on Fort Gordon, they cannot - even if the alleged offender is military. Army G-1 has been testing the expansion of services to civilian employee victims in Europe. It's reasonable that with the hiring of civilian SHARPs at brigade and above, and the requirement that these civilians deploy with their units, the Army will have to allow for their use of our facilities and services. Why not CONUS as well? It seem unfair that a civilian employee assaulted on Fort Gordon, or any installation in CONUS, will have to pick up their own tab for counseling and other behavior health and or rehabilitative services. If assaulted overseas, the Army picks up the tab.  
**f. Recommendation:** Army allow civilian employees to receive behavior health, counseling and/or rehabilitative services if victims of sexual assault/rape both CONUS and OCONUS.  
**g. Progress:**  
**Staff Discussion:**

1. Unfortunately those entitlements are reserved for those who serve our nation in military uniform, not for those who serve in business suits. What we do have is the ability to access excellent health care insurance/plans at a reasonable rate. At this time we must look to our health care providers to get the recovery services we need. They are available and some may even be without a co-payment.

2. DoD civilians may also connect with a Chaplain. The current Chaplain serving our DoD civilian population is Chaplain Eugene Mack. Chaplain Mack can be reached at 706 791-1732.

3. Please also note that although a civilian employee may not be able to access Behavioral Health, etc, investigations will be conducted by CID and/or the FBI if occurring on the installation.

**Commander's Steering Committee Meeting held 17 November 2011:** Request more information regarding statistics of incidents that have occurred.

**h. Lead agency:** EEO.

#### **Issue 1141: IHG Temporary Housing**

- a. Status:** Completed.  
**b. Entered:** October 2011.  
**c. Final action:** November 2011.  
**d. Subject area:** Consumer Support.  
**e. Scope:** Too expensive for non active duty military visiting VA hospital in Augusta. Price increase for same accommodations? The veterans, retired or disabled travel hours for VA hospital visits, sometimes staying a couple nights.  
**f. Recommendation:** Return to original lodging or lower the price.  
**g. Progress:**  
**Commander's Steering Committee Meeting held 17 November 2011:** Issue has been transferred to the local Customer Management System for follow-up and resolution.  
**h. Lead agency:** IHG.

#### **Issue 1142: Soldiers that have Served Multiple Deployments Should be Required to Talk to a Counselor**

- a. Status:** Active.  
**b. Entered:** October 2011.  
**c. Final action:**

**d. Subject area:** Medical.

**e. Scope:** Command may not be aware of the effect that these multiple deployments may have on the Soldier and Family.

**f. Recommendation:** Because there are Service Members who may not voluntarily seek help and really need it and by seeing a counselor, the problem may be recognized and addressed.

**g. Progress:**

**Commander's Steering Committee Meeting held 17 November 2011:** Request more information on current policies and procedures.

**h. Lead agency:** DDEAMC.

#### **Issue 1143: Out of State Tuition**

- a. Status:** Unattainable.  
**b. Entered:** October 2011.  
**c. Final action:** November 2011.  
**d. Subject area:** Education.  
**e. Scope:** Military dependents should not have to pay extra money for out-of-state tuition for any school that they decide to attend.  
**f. Recommendation:** Allow military dependents to get in-state tuition even if their military sponsor is not stationed in that state.  
**g. Progress:**  
**Commander's Steering Committee Meeting held 17 November 2011:** Tuition is determined by each individual state, not by the Department of the Army.  
**h. Lead agency:** Education Center.

#### **Issue 1144: Financial Issues for Divorcing Service Members with Children**

- a. Status:** Completed.  
**b. Entered:** October 2011.  
**c. Final action:** November 2011.  
**d. Subject area:** Family Support.  
**e. Scope:** There is no lasting help. Financial strain causes hardship on families.  
**f. Recommendation:** Find a way to keep SMs from getting out of paying their share of child support. The SM divorces the spouse not the children.  
**g. Progress:**  
**Staff Discussion:**

1. Army Regulation 608-99, "Family Support, Child Custody, and Paternity," 29 October 2003, already imposes an affirmative requirement on all Soldiers to support their family members. The requirement to support family members is punitive and enforceable by the command under the Uniform Code of Military Justice (UCMJ).

2. AR 608-99 establishes a framework for determining down to the penny how much support a Soldier must provide a family member. First, if there is a valid court order directing the Soldier to provide a certain amount of support, the Army will require the Soldier to comply with the court order. In the absence of a court order, AR 608-99 next looks to see if the parties have entered into a written agreement regarding the amount of support a Soldier is to provide. If such an agreement exists, the Army will require the Soldier to comply with the support provisions of the written agreement. In the absence of either a court order or written agreement, the Army will require the Soldier to send each of his/her family members the pro-rata share of BAH type-II at the with dependants rate for their rank.

**Commander's Steering Committee Meeting held 17 November 2011:** Issue has been transferred to the local Customer Management System for follow-up and resolution.

**h. Lead agency:** Office of Staff Judge Advocate.

**Issue 1145: Receiving Bill for Lab Work after Delivering a Baby**

- a. **Status:** Completed.
- b. **Entered:** October 2011.
- c. **Final action:** November 2011.
- d. **Subject area:** Medical.
- e. **Scope:** Tricare Prime isn't paying full cost of lab work and the lab is sending bills for remaining costs. This can affect families' budgets and credit ratings.
- f. **Recommendation:** Have Tricare check its policies and warn families.
- g. **Progress:**  
**Commander's Steering Committee Meeting held 17 November 2011:** Issue has been transferred to the local Customer Management System for follow-up and resolution.
- h. **Lead agency:** DDEAMC.

**Issue 1146: Army-Wide TRICARE Benefits for Chiropractic Care**

- a. **Status:** Elevated/Completed.
- b. **Entered:** October 2011.
- c. **Final action:** November 2011.
- d. **Subject area:** Medical.
- e. **Scope:** Chiropractic Care is not a TRICARE benefit. Family Members/Soldiers do not have alternative options. The lack of chiropractic care benefits cause the military family to incur financial hardships.
- f. **Recommendation:**
  1. Provide readily available benefits Army Wide on every Installation with benefits available to Network Chiropractors outside of an MTF
  2. Expand TRICARE benefits for Family Members and Soldiers to specifically Chiropractic Care.
- g. **Progress:**  
**Commander's Steering Committee Meeting held 17 November 2011:** Issue to be elevated to mid-level AFAP conference.
- h. **Lead agency:** DDEAMC.

**Issue 1147: Use/Lose Days**

- a. **Status:** Completed.
- b. **Entered:** October 2011.
- c. **Final action:** November 2011.
- d. **Subject area:** Force Support.
- e. **Scope:** After multiple deployments, it becomes difficult to use all the leave earned. After Sept 30<sup>th</sup> deadline, the accumulated leave is lost with no offer of compensation, specifically affecting the officer ranks.
- f. **Recommendation:** In the civilian world, many employers offer to "buy back" the leave when an employee is unable to use their earned leave, especially when they are in a critical position. This same "buy back" option should be available to military members (officers).
- g. **Progress:**  
**Staff Discussion:**
  1. According to AR 600-8-10 the Leave Program is a Commander's responsibility program. In section 3-1 of AR 600-8-10 it explains who can qualify for Special Leave Accrual, which is covers leave lost due to deployment and the criteria's need to get approval by the Commander AHRC (TAPC-PDO), Alexandria, VA 22332-0474 for approval or disapproval after the end of the fiscal year. The intent of special leave accrual is to provide relief to Soldiers who are not allowed leave when undergoing lengthy deployment or during periods of hostility. The leave program is designed to encourage the use of leave as it accrues rather than to accumulate a large leave balance. Soldiers who build their leave

balance to the maximum level risk losing their before the September of any fiscal year.

2. Also members can get payment of accrued leave under 37 USC 501b or AR 600-8(2-4) for leave earned while serving on active duty in support of contingency operation. By law payment of accrued leave is limited to 60 days one time during a military career. Payment of accrued leave is made to Soldiers who elect partial payment and carry forward a balance to new or extended reenlistment. Payment for accrued leave, for preceding period of service, is not authorized to Soldiers who elect to have all leave carried forward to new or extended reenlistment.

- Commander's Steering Committee Meeting held 17 November 2011:** Issue has been transferred to the local Customer Management System for follow-up and resolution.
- h. **Lead agency:** Finance/Military Pay Office.

**Issue 1148: Emergency Leave Bank Program for Service Members**

- a. **Status:** Completed.
- b. **Entered:** October 2011.
- c. **Final action:** November 2011.
- d. **Subject area:** Force Support.
- e. **Scope:** Soldiers who have an emergency may be denied leave by their chain of command for having a negative leave balance. Currently there is no program to transfer leave from Service Member to Service Member. Negative leave balance is an increased burden and an additional stressor on the Soldier and Family.
- f. **Recommendation:** Create a voluntary emergency leave bank program for transfer between Service Members.
- g. **Progress:**  
**Staff Discussion (Civilian Personnel):**  
The Office of Personnel Management (OPM) is responsible for the regulations and policies regarding federal civilian leave administration (5 U.S.C. 6331-6340 and 5 CFR Part 630, Subpart I). Every CPAC must follow this guidance and ensure that there is a Voluntary Leave Transfer Program (VLTP) in place so that civilian employees may participate in a leave donation program. The CPAC is only responsible for civilian employees. The CPAC is not familiar with the regulations and policies regarding active duty member leave program.  
**Staff Recommendation:** Contact the Directorate of Human Resources (DHR) for guidance related to military leave.  
**Staff Discussion (DHR/AG)**  
Army Regulation (AR) 600-8-10, Leaves and Passes, does not allow for Soldiers to transfer leave between themselves, let along to Department of the Army Civilians. Currently, Soldiers must use their leave or they simply lose what they are not authorized to carry over into the next fiscal year. Some Soldiers may have an opportunity to sell leave and receive a monetary credit to his/her pay account. Considering input previously provided by TRADOC DCG, recommend no further action on this issue.  
**Commander's Steering Committee Meeting held 17 November 2011:** There is a system already in place to grant Soldiers extended leave. Commands have discretion to grant leave on a case by case basis.
- h. **Lead agency:** DHR/AG
- i. **Supporting Agency:** Civilian Personnel.

**Issue 1149: Accessibility to Activities and Equipment to Combat Obesity in Youth.**

- a. **Status:** Completed.
- b. **Entered:** October 2011.
- c. **Final action:** November 2011.
- d. **Subject area:** Youth.
- e. **Scope:** Childhood obesity is on the rise Army wide. Current



availability to cardio equipment for youth under the age of 16 is extremely limited on the installation. Activities to include healthy habits and fitness classes are available through CYS. Not having equipment available and inappropriate promotion of activities contributes to factors of childhood obesity and continuing long term health problems.

**f. Recommendation:** Educate Army families about programs that are available at CYS. Provide cardio equipment for youth at existing youth facilities. Train youth on proper usage of cardio equipment.

**g. Progress:**

**Staff Discussion (CYSS):**

1. The Youth Program, which is located in the Youth Services building 45410, is a free program throughout the school year and has access to a full-court gym when open. Their hours of operation are Mon-Thur 1500-2000, Fri 1500-2130 and Sat 1300-2130. They also offer fall, winter, spring and summer camps beginning at 0700.

2. The Youth Sports & Fitness Program, which is located in the Youth Services building, offers healthy habits classes, fitness classes and regular team oriented sports. There is a cost associated with the team sports program, but the healthy habits and fitness classes are free.

3. The SKIES Instructional Programs offer some fitness related opportunities. There are classes for yoga, dance and culinary arts (which teaches healthy meals for children/youth, especially those who are home alone at times). There is a fee associated with this program as well.

4. CYSS Programs also offer AFC benefits to dependants of WT, deployed, etc, and those benefits can be used toward paying for Youth Sports & Fitness or SKIES Programs. Information about these programs can be gathered by contacting the Youth Services building (791-7575) or Parent Central Services (791-4722) to get more information about a specific class or activity.

**Staff Discussion (Recreation Division):**

Guidelines and Regulations governing the use of Fitness Centers and Gyms by Dependents under the age of 16 as stated by AR 215-1, 8-20d(2-3) and the Fort Gordon Sports and Fitness SOPs are as follows:

“Dependents under the age of 16 and guests are not permitted to participate in aerobic classes, to utilize weight and exercise equipment, and to utilize saunas.”

**Staff Response:**

**An Existing Exception to Policy** is granted for children under 16 years of age who have a medical/physical condition that require physical activities as a form of rehabilitation are permitted to utilize the facilities and equipment. To do so, the Parent/child must possess and present a written notice/prescription as validation and verification from a medical professional that the rehabilitation program is required. IAW the Sports and Fitness standard operating procedures, children utilizing this rehabilitation process MUST be accompanied by their parent(s) or guardian at all times.

**Commander's Steering Committee Meeting held 17 November 2011:**

There are already many programs in place that youth can take advantage of. If gym activities are required for medical purposes, the parent must provide signed documentation from an Eisenhower doctor stating the necessity of utilizing the gym. Parent must be present with youth when utilizing the gym.

**h. Lead agency:** DFMWR.

**Issue 1150: Out of State Tuition Waivers for Surviving College Age Children**

**a. Status:** Elevated/Completed.

**b. Entered:** October 2011.

**c. Final action:** November 2011.

**d. Subject area:** Education.

**e. Scope:** Currently, surviving college students receive VA benefits (FRYE Scholarship) to assist with paying for college.

These benefits normally cover 100% of the tuition costs and fees. However, out of stat tuition fees are not covered for those that want to attend college outside of the last state their deceased parent was assigned. Some surviving children will not attend college in the state their deceased parent was last assigned. Some of them will attend colleges in their parent's home stat or where there is close family (grandparents, other extended family). Unfortunately, out of state fees are not covered for these students and it causes a financial hardship for them and their family members.

**f. Recommendation:** Convince the states that currently do not waive out of state tuition fees for surviving college aged dependents to offer waivers, eliminating the hardship on them and their family members.

**g. Progress:**

**STAFF DISCUSSION:**

1. The Fry scholarship (not "Frye" - it is named in honor of Marine Gunnery Sergeant John David Fry") essentially provides a full post-9/11 GI Bill (Chapter 33 benefit) to surviving children of active duty service members who die in the line of duty. This benefit consists of three parts:

a.) Full tuition & fees paid directly to the school up to \$17,500 per academic year.

b.) A monthly housing allowance based on the BAH rate for an E-5 with dependants for the zip code of the school. A different rate applies nationwide for internet and correspondence programs.

c.) A books & supplies stipend each year.

2. Beneficiaries are entitled to 36 months of benefits (just like a soldier who has earned his/her own post-9/11 GI Bill benefit). Surviving children have 15 years to use the benefit beginning on his/her 18th birthday.

3. The VA has partnered with schools in an endeavor called the "Yellow Ribbon Program" in order to reduce costs for service members using their post-9/11 GI Bill to attend schools that charge a greater amount of tuition and fees than is covered by the post-9/11 GI Bill. Beneficiaries under the Fry Scholarship are NOT ELIGIBLE for the Yellow Ribbon Program.

4. Surviving children are entitled to 45 months of education benefits under the Dependant Education Assistance (DEA) program, but cannot use both DEA and the post-9/11 GI Bill at the same time. Beneficiaries must elect which benefit to use, but can maximize their benefit for a total of 45 months. For example, a surviving child may use their Fry Scholarship for 36 months and then DEA for the remaining 9 months. While the two programs both have the same goal (educating surviving children), the amount of the benefit under the Fry Scholarship is almost always larger; thus, most surviving children will choose the Fry Scholarship over DEA for 36 months (with some exceptions).

**Commander's Steering Committee Meeting held 17 November 2011:**

Issue to be elevated to mid-level AFAP conference.

**h. Lead agency:** Office of Staff Judge Advocate.

**Issue 1151: Standardization of Financial Assistance through all Branches of Military Service for Those Service Members Assigned to Fort Gordon**

**a. Status:** Completed.

**b. Entered:** October 2011.

**c. Final action:** November 2011.

**d. Subject area:** Benefits and Entitlements.

**e. Scope:** Fort Gordon has a significant population of all four branches of military service. Currently, sailors and marines, stationed here, are not eligible for quick assist loans through the Navy and Marine Corps Relief Society. Neither are airmen, stationed here, eligible for Falcon loans through their relief society. Fort Gordon is often one of the first assignments in a service member's career and many junior enlisted encounter financial difficulty but some service members do not have access to a full range of financial assistance merely because of their assignment.

**f. Recommendation:** Due to the unique nature of the Fort Gordon community, I recommend that the Fort Gordon Army Community Service Financial Readiness Program be granted a special authorization to provide the same level of service that a service member would receive if assigned to an Air Force or Navy installation.

**g. Progress:**

**Staff Discussion:**

1. Air Force Aid Society (AFAS) and Navy Marine Corps Relief Society (NMCRS), along with Army Emergency Relief (AER), are private, non-profit organizations that maintain close working partnerships with Department of Defense military branches.
2. Because of reciprocal agreements between the sister aid organizations, the Army Emergency Relief Officers of ACS Financial Readiness here at Fort Gordon process every request for emergency assistance by an Airman, Sailor, Marine or Coast Guard member with the same priority as our Army Soldiers. When a non-Army service member requests emergency assistance, the Army Emergency Relief Officer accepts their application, discusses their need, reviews their budget, and then contacts the appropriate relief agency headquarters by phone for approval. This phone call is made while the service member is in the AER office, and a check is issued on the spot if assistance is approved.
3. Quick assist loans (NMCRS) and Falcon loans (AFAS) are special loans for amounts up to \$500, available only when the service member is stationed on a Navy base or Air Force base, respectively. These loans are meant to meet short term needs and require no review of budget or substantiating documentation.
4. Like Army Emergency Relief, all of the emergency relief organizations are non-profit organizations with their own boards of directors, regulations and guidelines. While Department of the Army can certainly engage AFAS and NMCRS in conversation regarding the availability of quick assist or Falcon loans for service members from sister services on an Army post, any change in the current procedures would be determined by the respective relief organization.

**Commander's Steering Committee Meeting held 17 November 2011:**

Issue has been transferred to the local Customer Management System for follow-up and resolution.

**h. Lead agency:** AER.

**Issue 1152: Employment and Financial Welfare of Military Families Affected by Annual Contract Bidding Process**

- a. **Status:** Completed.
- b. **Entered:** October 2011.
- c. **Final action:** November 2011.
- d. **Subject area:** Employment.
- e. **Scope:** Annually, contracts are put out for new bids. Most of the time the new bid is awarded to the lowest bidder, without consideration of contractors/workers who are currently performing the job and without consideration of the pay they are receiving. When the lowest bidder wins, they come with their own candidates to fill the position and won the bid because they bid so low. The low bid does not usually cover the salary of the current contractor, which means one of two things happen; the new contractor replaces the current one or the current contractor stays for less money. This process directly conflicts with the Federal Government's current commitment to keep Military Spouses and Veterans employed with Military Spouse Preference, Military Spouse Employment Partner Program, and Veteran's Preference etc. In this economy, family members who are fortunate enough to find work should not have to worry year to year whether they will have a job or whether they will be forced to take a pay cut that will jeopardize their family wellbeing and welfare. The bid process should not be sending people to the unemployment line.

**f. Recommendation:** Amend the bid process to protect the current contractor in the position (Mandatory First Right of Refusal) and protect the current contractor salary (Set Minimum Bid to Cover Current Pay). New bidder submits their bid for expenses, overhead and profit from the minimum bid point.

**g. Progress:**

**Staff Discussion:**

1. Annually, many (but not all) Federal contracts are put out for competition and consideration of new bids. In many cases (but not all) the new contract is awarded to the lowest price, technically acceptable bidder. When the lowest price, technically acceptable bidder wins, it is not uncommon for this to have adverse ramifications for the existing workforce of the incumbent contractor, even if the incumbent contractor retains the new contract. Among the adverse effects to the existing workforce may be: the new or incumbent contractor replacing employees with new employees at a lower pay scale, reducing the wages of existing employees, and/or reducing the overall numbers of employees without reducing the workload. This process directly conflicts with the Federal Government's current commitment to keep Military Spouses and Veterans employed with Military Spouse Preference, Military Spouse Employment Partner Program, and Veteran's Preference etc. In this economy, Military family members and Veterans who are fortunate enough to find work should not have to worry year to year whether they will have a job or whether they will be forced to take a pay cut that will jeopardize their family wellbeing and welfare. The competitive bid process should not be sending Military spouses and Veterans to the unemployment line.
2. Federal contracting policy is dictated by the Federal Acquisition Regulation (FAR) and the underlying Federal laws that it implements. One such law is the Competition in Contracting Act (CICA) which mandates that, with very few exceptions, all Federal government procurements for goods and services will be conducted on a basis of full and open competition. Hence, the FAR and the laws it implements, necessitates the competitions which often result in turnover of Federal contractors and the employees they employ.
3. Existing Federal laws and FAR provisions do provide significant protections for all workers and employees under Federal government service contracts through the Service Contract Act. Among these protections are that employers must pay their employees at least the wages and fringe benefits found by the US Department of Labor to prevail in the locality. These wages and fringe benefits are determined by numerous, distinct job classifications and are updated at least every two years. Therefore, a contractor has only so much room to cut or reduce employee pay or benefits before the employer would be in violation of the Department of Labor rules and would risk severe sanctions – in addition to having to paying back wages and benefits to any affected employees.
4. On 29 August 2011 the US Department of Labor issued a final rule implementing Executive Order 13495, "Non-displacement of Qualified Workers Under Service Contracts". This final rule calls for creation of a contract clause for inclusion in future federal contracts which will require successor contractor and its subcontractors to offer those employees employed under the predecessor contract, whose employment will be otherwise terminated as a result of the award of the successor contract, a right of first refusal of employment under the successor contract in positions for which they are qualified. The effective date of this final rule is pending. This final rule will not apply to contracts valued below the simplified acquisition threshold, currently \$150,000. It also will not apply to contracts subject to the Javits-Wagner-O'Day Act or the Randolph Sheppard Act. In the case of Fort Gordon, this would currently exclude the Installation Custodial and Installation Food Service and several small, single-year, service contracts that employ only 1-2 Full-Time Equivalents (FTEs).

5. In accordance with FAR Part 22.13, all Federal service contracts for \$100,000 or more require contractors to take affirmative action to employ, advance in employment, and otherwise treat qualified individuals, including qualified disabled veterans, without discrimination based upon their status as a disabled veteran, recently separated veteran, other protected veteran, and Armed Services medal veteran, in all employment practices.

6. In accordance with the FAR Part 17, the Government may include options in its service contracts, when doing so would be in the Government's interest. Options are typically for a full year's period of time and many service contracts, inclusive of options, can run as long as five years. Options, when included in a Federal contract, give the Government the unilateral right to exercise the option, but do not require the Government to do so. Including options in service contracts which are the subject of the Issue presented to the AFAP here could go a long way toward providing the stability in employment sought. The Government customer would also stand to benefit from inclusion of an option in several ways: stability in the contractor workforce thereby reducing mission risk; stability in the cost of performance of the contract (prices for the option are locked in at time of original contract award and while the author of this issue cites labor costs being driven down in year-to-year competitions, frequently the overall price goes up even in the face of competition); lower administrative cost to the Government through less frequent processing of contract paperwork. The Mission and Installation Contracting Command – Installation Contracting Office, Fort Gordon (MICC ICO Ft. Gordon) recommends to its customers that options be included in service contracts. However, some customer activities have elected not to have options used in their contracts. By regulation, MICC ICO Ft. Gordon cannot unilaterally overrule the customer's decision not to request that an option be included in a contract that MICC will award on the customer's behalf.

**Staff Recommendation:** In summary, existing and proposed laws and regulations, coupled with better use of contract options by Fort Gordon customer activities, will adequately protect the interests of Military spouses and Veterans employed by Federal contractors under contract with MICC ICO Fort Gordon.

**Commander's Steering Committee Meeting held 17 November 2011:** Issue has been transferred to the local Customer Management System for follow-up and resolution.

**h. Lead agency:** Installation Contracting Office.

#### **Issue 1153: Denied Access on Eisenhower Medical Center Computers to Social Media and other Military Websites**

**a. Status:** Completed.

**b. Entered:** October 2011.

**c. Final action:** November 2011.

**d. Subject area:** Force Support.

**e. Scope:** Social Media as well as certain military affiliated sites are blocked.

**f. Recommendation:** Recommend ban be lifted on access to social media sites. All social media sites have been approved for access on government computers. Currently, when you try to access any of the social media sites, you are denied access. You are also denied access to Operation Homefront Georgia. This makes no sense. The post is divided. Everyone outside of the hospital is allowed access. Understanding the mission is patient care however, everyone is allowed a break.

**g. Progress:**

**Commander's Steering Committee Meeting held 17 November 2011:** Issue has been transferred to the local Customer Management System for follow-up and resolution.

**h. Lead agency:** DDEAMC.

#### **Issue 1154: Eisenhower Pharmacy Carrying Medication for ADHD Children**

**a. Status:** Completed.

**b. Entered:** October 2011.

**c. Final action:** November 2011.

**d. Subject area:** Medical.

**e. Scope:** It is very difficult to pay for and get narcotics for ADHD children. Walgreens will be dropping Tricare patients as of 1 Jan 12.

**f. Recommendation:** The ADHD prescriptions should be carried in the on post pharmacy to support EFMP children who are required to sign for narcotics every 30 days. Pediatricians should prescribe them for patients on maintenance doses.

**g. Progress:**

**Staff Discussion:**

1. The Fort Gordon Pharmacy does carry on its formulary many ADHD medications. However, all points of service must abide by the DoD Uniform Formulary (UF) which specifies which drugs may be dispensed/stocked. Methylphenidate (Ritalin eq, Concerta), and mixed amphetamine salts extended release (Adderall XR) are designed Basic Core Formulary, which means that all MTFs must stock the medication in their pharmacies. In addition, Eisenhower pharmacy also carries atomoxetine (Strattera), mixed amphetamine salts (Adderall eq), and dextroamphetamine immediate release tablets. Several medications in this class are designed DoD non-formulary, and the MTFs may not stock these medications. These include the methylphenidate patch (Daytrana) and dexamethylphenidate (Focalin, XR).

2. There is no state of federal law that limits the prescription quantity of ADHD medication to 30 days. DEA website: While some states and many insurance carriers limit the quantity of controlled substances dispensed to a 30 day supply, there are no express federal limits with respect to the quantities of drugs dispensed via a prescription. Georgia website: Currently, Federal and GA laws do not address a maximum day supply for controlled substances or dangerous drug prescriptions. Pharmacists are encouraged to use professional judgment when filling each prescription. When filling prescriptions in the TRICARE retail network, a patient may not receive more than a 30 day supply at once due to co-pay restrictions. Patients have the option of receiving a 90 day supply of medication through the TRICARE mail order pharmacy program for a single \$9 co-pay (or \$0 co-pay if a generic medication). Of course, it is always up to the judgment of the provider as to the days supply of medication he/she wishes to prescribe.

3. Lastly, although Walgreens will no longer be a part of the TRICARE network as of 1 January 2012, there will still be 56,000 other pharmacies in the network where beneficiaries will be able to obtain their medication at retail. It is a very broad network that, for the vast majority of beneficiaries, ensures them access to a participating pharmacy within two miles of their homes.

**Commander's Steering Committee Meeting held 17 November 2011:** Issue has been transferred to the local Customer Management System for follow-up and resolution.

**h. Lead agency:** DDEAMC.

#### **Issue 1155: More Support for Exceptional Family Member Program Affected Families and Assignments**

**a. Status:** Elevated/Completed.

**b. Entered:** October 2011.

**c. Final action:** November 2011.

**d. Subject area:** Family Support.

**e. Scope:** EFMP denials impact Soldiers assignment and mission readiness. Lack of personnel with specific EFMP training to properly assist in advocating the expansion of CONUS and

OCONUS providers. Failure to provide EFMP Navigators deteriorates Soldiers and Units readiness mission and morale.

**f. Recommendation:** Increase the number of network providers to support world-wide assignments for EFMP families, while providing EFMP Navigators to Advocate for the essential needs of military families.

**g. Progress:**

**Staff Discussion (DDEAMC EFMP):**

HRC (Human Resources Command) at Fort Knox KY queries the gaining command where the sponsor is tentatively scheduled to relocate. The EFMP Special Needs Advisor (SNA) responds to HRC as to whether the Family Member(s) of the sponsor can be accommodated at the command. This depends upon providers, services, therapies, etc, required by that Family Member. The network (community) outside the military installation is taken into consideration as well as the installation itself in making that determination. Also, as quoted in the Exceptional Family Member Program (Proponent AR 608-75) "EFMP enrollment is not considered during the promotion process or in the selection of candidates for advance training."

**Staff Discussion (TRICARE):**

TRICARE authorized providers meet state licensing and certification requirements and are certified by TRICARE to provide care to TRICARE beneficiaries. TRICARE authorized providers include doctors, hospitals, ancillary providers (laboratory and radiology providers), and pharmacies. Regional contractors have established networks, even in areas far from military treatment facilities.

1. TRICARE network providers have signed agreements with the Managed Care Support Contractor to provide care and agree to file claims and handle other paperwork for TRICARE beneficiaries.
2. Non-network providers do not have signed agreements with the Managed Care Support Contractor and are, therefore, considered "out of network." There are two types of non-network providers: Participating and Nonparticipating.
  - a. Participating providers may choose to participate on a claim-by-claim basis, plus agree to file claims for TRICARE beneficiaries, accept payment directly from TRICARE, and accept the TRICARE-allowable charge as payment in full for their services
  - b. Nonparticipating providers do not agree to accept the TRICARE-allowable charge or file claims for TRICARE beneficiaries. They have a legal right to charge beneficiaries up to 15% above the TRICARE-allowable charge for services.

ValueOptions, Inc. is the behavioral health contractor for Humana Military Healthcare Services, Inc. for the TRICARE South Region. ValueOptions administers the TRICARE behavioral health care benefit and manages the behavioral health care provider network. The provider network consist of licensed outpatient providers, such as psychiatrists and other physicians, psychologists, social workers, marriage and family therapists, certified psychiatric nurse specialist, licensed or certified mental health counselors, and pastoral counselors. Inpatient network consists of hospitals, inpatient psychiatric units, partial hospitalization programs, residential treatment centers, and substance use disorder rehabilitation facilities.

**Provider Eligibility:**

For consideration as a network provider providers must be credentialed through an application process prior to receiving TRICARE referrals.

**Join the Network-Facility**

To become a ValueOptions TRICARE facility/program provider, one must first meet TRICARE's facility/program accreditation requirements:

- **JCAHO accreditation - Required for Inpatient Psychiatric and Substance Abuse Detoxification and Rehabilitation facility/programs**
- **JCAHO or CARF accreditation - Required for Freestanding Substance Use Disorder Rehabilitation Facilities (SUDRF)**
- **TRICARE certification through the TRICARE Quality Monitoring Contractor (TQMC) - KePRO (877) 841-6413, for:**
- **Psychiatric Partial Hospitalization Programs (PHPs)**
- **Residential Treatment Centers (RTCs)**
- **Freestanding Substance Use Disorder Rehabilitation Facilities (SUDRFs)**

**Insurance coverage requirements:**

- Current medical malpractice, comprehensive professional, general and /or liability insurance certificates that identify the limits of liability (minimum \$1 million per claim; \$3 million aggregate) or appropriately funded, actuarially sound self-insurance program.

To apply for Network participation, the following items are required, depending on the services/programs offered at your facility

- Facility/Program Addendum form for each service provided, together with copies of all applicable state licenses and
- Evidence of current liability coverage, with policy period specified Medicare certification
- JCAHO or CARF certification

**Join the Network- Provider**

A Network provider is a member of the ValueOptions preferred provider network. The benefits of becoming a Network provider include:

- Priority referrals;
- Claims support and assistance with Utilization Management processes;
- Faster notification of changes affecting the TRICARE program;
- Lower out-of-pocket costs for beneficiaries who utilize Network providers.

To become a TRICARE Network provider for ValueOptions, a provider must meet established network criteria.

The entire credentialing process can take 90+ days. When submitting an application, you can expedite the process by ensuring that all required information is attached and blanks are filled in. You will receive written notification once your application has been approved.

**Commander's Steering Committee Meeting held 17 November 2011:**

Issue to be elevated to mid-level AFAP conference.

**h. Lead agency:** EFMP/DDEAMC.

**i. Supporting Agency:** TRICARE.

**Issue 1156: Direct Supervision of Family Member Employees**

**a. Status:** Completed.

**b. Entered:** October 2011.

**c. Final action:** November 2011.

**d. Subject area:** Employment.

**e. Scope:** Family Members may be perceived as receiving preferential treatment when employed by the same command as the service member. Service Members in leadership positions who

have direct supervision control or influence over family members creates an unfair advantage over other employees. Direct supervision of family members could result in a hostile work environment.

**f. Recommendation:** Standardize all hiring practices. Educate hiring officials regarding the hiring of a family member.

**g. Progress:**

**STAFF DISCUSSION:** In accordance with Title 5, Part III, Subpart B, Chapter 31 Subchapter 3110 "Employment of Relatives & Restrictions" it is necessary to provide the definition of a relative and the applicability, which has been outlined below:

(a) For the purpose of this section—

(1) "agency" means—

(A) an Executive agency;

(B) an office, agency, or other establishment in the legislative branch;

(C) an office, agency, or other establishment in the judicial branch; and

(D) the government of the District of Columbia;

(2) "public official" means an officer (including the President and a Member of Congress), a member of the uniformed service, an employee and any other individual, in whom is vested the authority by law, rule, or regulation, or to whom the authority has been delegated, to appoint, employ, promote, or advance individuals, or to recommend individuals for appointment, employment, promotion, or advancement in connection with employment in an agency; and

(3) "relative" means, with respect to a public official, an individual who is related to the public official as father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, or half sister.

(b) A public official may not appoint, employ, promote, advance, or advocate for appointment, employment, promotion, or advancement, in or to a civilian position in the agency in which he is serving or over which he exercises jurisdiction or control any individual who is a relative of the public official. An individual may not be appointed, employed, promoted, or advanced in or to a civilian position in an agency if such appointment, employment, promotion, or advancement has been advocated by a public official, serving in or exercising jurisdiction or control over the agency, who is a relative of the individual.

(c) An individual appointed, employed, promoted, or advanced in violation of this section is not entitled to pay, and money may not be paid from the Treasury as pay to an individual so appointed, employed, promoted, or advanced.

(d) The Office of Personnel Management may prescribe regulations authorizing the temporary employment, in the event of emergencies resulting from natural disasters or similar unforeseen events or circumstances, of individuals whose employment would otherwise be prohibited by this section.

(e) This section shall not be construed to prohibit the appointment of an individual who is a preference eligible in any case in which the passing over of that individual on a certificate of eligibility furnished under section 3317 (a) of this title will result in the selection for appointment of an individual who is not a preference eligible.

**Staff Recommendation:**

A public official may not appoint, employ, promote, advance, or advocate for appointment, employment, promotion, or advancement, in or to a civilian position in the agency in which he is serving or over which he exercises jurisdiction or control any individual who is a relative of the public official. An individual may not be appointed, employed, promoted, or advanced in or to a civilian position in an agency if such appointment, employment, promotion, or advancement has been advocated by a public official,

serving in or exercising jurisdiction or control over the agency, who is a relative of the individual.

The key is that upon being made aware of any a possible "Nepotism" that Management is made aware and takes appropriate action.

**Commander's Steering Committee Meeting held 17 November 2011:** Issue has been transferred to the local Customer

Management System for follow-up and resolution.

**h. Lead agency:** Civilian Personnel Office.

#### **Issue 1157: Inability to go from Emergency Room to Pharmacy**

**a. Status:** Completed.

**b. Entered:** October 2011.

**c. Final action:** November 2011.

**d. Subject area:** Medical.

**e. Scope:** Emergency rooms do have patients that are unable to go to the pharmacy themselves to get their prescriptions. It is a well known fact that there is often a long wait at the pharmacy. This puts a Soldier or the Family Member of a Soldier in a difficult situation. Ex. The Soldier is unable to walk on his/her own to the pharmacy, so they send a Family Member to get the medication they need. Yet there is an hour wait in the pharmacy. A Family Member is unable to get a Soldier number for fast access to medication. Now a bed is being held up in the emergency room while medications are being received.

**f. Recommendation:** Require Emergency Rooms to give fast pass access cards for pharmacy allowing Soldiers out of uniforms or Family Members of emergency patients to get medications in a timely manner.

**g. Progress:**

**Staff Discussion:**

1. The DDEAMC Pharmacy does provide expedite cards for several of the clinics in the hospital. These clinics receive a limited number of laminated cards that they can give to any of their patients whom they feel need to receive their medications quickly. When the patient presents to the concierge desk, they are given a higher priority ticket.

2. The cards were used by the Emergency department some years ago and abandoned because of the complaints generated by patients who did not receive expedited cards, and staff having to defend their decisions.

3. The Eisenhower outpatient pharmacy fills approximately 500,000 new prescriptions per year, and sees an average of 19,800 patients per month (or almost 1,000 patients per day). On the average, 165 prescriptions per day are generated from the Emergency Department. If all patients seen in the ED were provided with expedited (B ticket) service, the wait times for that category (which includes active duty Soldiers in uniform) would increase significantly.

**Commander's Steering Committee Meeting held 17 November 2011:** Issue has been transferred to the local Customer

Management System for follow-up and resolution.

**h. Lead agency:** DDEAMC.

#### **Issue 1158: There is no Safe Way to Dispose of Unused Prescription Medication**

**a. Status:** Completed.

**b. Entered:** October 2011.

**c. Final action:** November 2011.

**d. Subject area:** Medical.

**e. Scope:** Some personnel don't use all prescribed medication. There is no place to safely discard of medication. Medication flushed or thrown in the trash can make its way into the community water shed and can cause serious health problems.

**f. Recommendation:** Set Army wide policy that provides a safe way of disposing of unused medication either by turning into hospital or coordinate with local community for turn in.

**g. Progress:**

**Staff Discussion:**

1. An individual patient may not return his/her unused controlled substance prescription medication to the pharmacy. Federal Laws and regulations make no provisions for an individual to return controlled substance prescription medication to a pharmacy for further dispensing or disposal. There are no provisions in the Controlled Substance Act or Code of Federal Regulations (CFR) for a DEA registrant (i.e. military pharmacy) to acquire controlled substances from a non-registrant (i.e. individual patient).

2. An individual patient may dispose of his/her own controlled medication without approval from DEA. Medications should be disposed of in such a manner that does not allow for the controlled substances to be easily retrieved.

3. The FDA provides instructions for safely discarding of unused or expired medications at the following link: [www.fda.gov/ForConsumers/ConsumerUpdates/ucm101653.htm#GuidelinesforDrugDisposal](http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm101653.htm#GuidelinesforDrugDisposal)

4. In addition, the DEA has begun a nationwide "Drug Take-Back Day", in which DEA agents qualified to accept excess medications will be at various locations. The Army, through the IMCOM, is an active partner in this program and many posts participated when the event was held in April 2011. The next Take-Back Day is scheduled for 29 October 2011. The drop-off location for Fort Gordon is the outpatient pharmacy lobby from 1000-1400.

**Commander's Steering Committee Meeting held 17 November 2011:** Issue has been transferred to the local Customer Management System for follow-up and resolution.

**h. Lead agency:** DDEAMC.

#### **Issue 1159: Training Schedules for Troops not Enforced**

**a. Status:** Completed.

**b. Entered:** October 2011.

**c. Final action:** November 2011.

**d. Subject area:** Force Support.

**e. Scope:** Much of the reason that Soldiers are directed to work and late and miss out on valuable time with their loved ones is not because of mission; it is gross mismanagement of time. Most Soldiers are made to wake up at 5 a.m. to get to work at 5:30 a.m., and then have to work until 6 - 7 p.m. at times.

**f. Recommendation:** The Army leadership should be held to the same standard as their civilian counterparts. If Soldiers are mandated to work late, track the hours and give them their time back, or compensate them at the end of the following month. A program like this would police many of the discrepancies in the planning process for military leaders. Often, as we all know, Soldiers are not that busy during the day; leaders usually wait until the end of the day to say, "you are not going home until...."

**g. Progress:**

**Commander's Steering Committee Meeting held 17 November 2011:** Issue has been transferred to the local Customer Management System for follow-up and resolution.

**h. Lead agency:** .

#### **Issue 1160: Pharmacy at Eisenhower Army Medical Center not Adequate**

**a. Status:** Completed.

**b. Entered:** October 2011.

**c. Final action:** November 2011.

**d. Subject area:** Medical.

**e. Scope:** The hospital pharmacy often does not have the medication that my child needs, and if the medicine needs to be "compounded", I have to go downtown to fill my prescription. If I have to go downtown that presents a financial hardship. I have to pay for the medicine out-of-pocket, and I have to pay transportation costs.

**f. Recommendation:** I recommend that the pharmacy provide vouchers to Soldiers and their families if they cannot fill a prescription. It would be easier for them to process the claim through TRICARE at the end of each month and get bulk reimbursement. I, on the other hand, will have to go through the long and tedious process of calling, waiting, calling back, and then waiting on my check to arrive in the mail.

**g. Progress:**

**STAFF DISCUSSION:**

1. The TRICARE Program was established through 32 CFR 199.17. The pharmacy benefits program is covered under CFR 199.21 and it outlines the pharmacy benefit under TRICARE. The benefit provides an effective, efficient, integrated pharmacy benefits program for the Military Health System. There are four outpatient pharmacy points of service: Military Treatment Facilities (MTFs); Retail Network Pharmacies; Retail Non-Network Pharmacies; and the TRICARE Mail Order Pharmacy (TMOP)

2. Availability of formulary pharmaceutical agents at MTF: Pharmaceutical agents included on the uniform formulary are available through facilities of uniformed services, consistent with the scope of health care services offered in such facilities and additional determinations by the P&T Committee of the relative clinic effectiveness and cost effectiveness, based on costs to the program associated with providing the agents to beneficiaries. The BCF is a subset of the uniform formulary and is a mandatory component of formularies at all full-service MTF pharmacies. The BCF contains the minimum set of pharmaceutical agents that each full-service MTF pharmacy must have on its formulary to support the primary care scope of practice for Primary Care Manager enrollment sites. Among BCF and ECF agents, individual MTF formularies are determined by local P&T Committees based on the scope of health care services provided at the respective MTFs. All pharmaceutical agents on the local formulary of full-service MTF pharmacies must be available to all categories of beneficiaries.

3. In addition the pharmacy does not have the capability or the regulatory/statutory authority to provide vouchers or submit claims for reimbursement to TRICARE. Active duty Soldiers can currently receive prescriptions at a TRICARE network pharmacy for zero co-pay.

**Commander's Steering Committee Meeting held 17 November 2011:** Issue has been transferred to the local Customer Management System for follow-up and resolution.

**h. Lead agency:** DDEAMC/TRICARE.

#### **Issue 1161: Unequal Basic Allowance for Housing Pay System in the Military**

**a. Status:** Elevated/Completed.

**b. Entered:** October 2011.

**c. Final action:** November 2011.

**d. Subject area:** Benefits and Entitlements.

**e. Scope:** There are pay discrepancies in BAH rates between Enlisted and Officer. There is a wide pay gap of BAH of from Enlisted to Officer based on rank, family members, and location. Family composition is the same regardless of rank. (A family of 5 is a family of 5 regardless of rank). Having an equivalent BAH pay scale will allow Soldiers and families to achieve quality housing.

**f. Recommendation:** Eliminate rank determination of BAH rate, and base on time in service, family members (with or without dependents), and location.

**g. Progress:**

**Staff Discussion:**

The Department of Defense in Washington, D.C. is the component responsible for establishing the pay system for the branches of the Military. The Assistant Secretary of the Army Financial Management and Comptroller (ASA(FM&C)) will approve new policies, procedures, and systems changes affecting payment to soldiers. The Assistant Secretary of the Army of Manpower and Reserve Affairs (ASA(M&RA)) will approve new policies and provide guidance and clarification for all policy affecting soldier pay.

The Director, Defense Finance and Accounting Service-Indianapolis Center (DFAS-IN) establishes policies and procedures to ensure the prompt payment to soldiers for entitlements.

**Commander’s Steering Committee Meeting held 17 November 2011:** Issue to be elevated to mid-level AFAP conference.

**h. Lead agency:** Finance/Military Pay.

**Issue 1162: Excess Paperwork Required for Soldiers to be Released for 4-Day Weekend**

- a. Status:** Active.
- b. Entered:** October 2011.
- c. Final action:**
- d. Subject area:** Force Support.
- e. Scope:** For 4-day weekends, all Soldiers have to submit a mileage pass (DA31), vehicle inspection, composite risk assessment and cover page regardless if they are leaving the area or not. This is a minimum of 7 pieces of paper that is printed, signed, scanned and emailed.
- f. Recommendation:** Develop all forms on digits with approve it embedded so papers will not have to be printed to sign (DA 31 already done), uploaded, and emailed to company, who prints them.
- g. Progress:**
- Commander’s Steering Committee Meeting held 17 November 2011:** Most forms are available electronically and can be signed digitally. Request determination of other required forms that need to be developed in electronic form.
- h. Lead agency:** .

**Issue Youth 11-1: Dance Club for Military Teens**

- a. Status:** Completed.
- b. Entered:** July 2011.
- c. Final action:** November 2011.
- d. Subject area:** Youth.
- e. Scope:** Teens need a safe club location in the evening hours to dance and form relationships with others. The military teens on-post currently do not have a location to mingle after 9 p.m., and should. The growth of relationships is vital in teenage years and is not being fostered here in a safe environment.
- f. Recommendation:** Authorize a location to provide a teen club. Assign CYS to sponsor the teen club in the Gordon Club or The Courtyard.
- g. Progress:**
- Commander’s Steering Committee Meeting held 17 November 2011:** Issue has been transferred to the local Customer Management System for follow-up and resolution.
- h. Lead agency:** DMFWR.

**Issue Youth 11-2: Development and Expansion of Teen Club**

- a. Status:** Completed.
- b. Entered:** July 2011.
- c. Final action:** November 2011.
- d. Subject area:** Youth.
- e. Scope:** Overcrowding in the CYS leaves the facility dirty and cramped for teen users. Teen users are only provided with one room, while SAS are provided with six rooms. The development of

a new teen facility would promote a better learning environment while incorporating self expression and the expansion of the teen program.

**f. Recommendation:**

- 1. Develop a Teens-Only Center to include a pool and gym.
- 2. Provide adequate rooms for activities to create an environment for teens to thrive as young adults.

**g. Progress:**

**Commander’s Steering Committee Meeting held 17 November 2011:** Issue has been transferred to the local Customer Management System for follow-up and resolution.

**h. Lead agency:** DFMWR.

**Issue Youth 11-3: Unsafe Traveling Conditions for Teens on Post**

- a. Status:** Completed.
- b. Entered:** July 2011.
- c. Final action:** November 2011.
- d. Subject area:** Youth.
- e. Scope:** Teens do not have a safe means of transportation to areas on post. Finding a safe mode of transportation on post is hard due to a lack of sidewalks/ crosswalks, weather conditions, distance, physical limitations and parental transport. Teens need a shuttle bus because it provides a safe mode of transportation.
- f. Recommendation:** Provide a cost effective teen shuttle bus from bus stops to popular places on post (PX, CYS, movie theater, housing areas, etc.).
- g. Progress:**
- Commander’s Steering Committee Meeting held 17 November 2011:** Issue has been transferred to the local Customer Management System for follow-up and resolution.
- h. Lead agency:** DFMWR.