

Updated June 7, 2021

# The Armed Forces Retirement Home

Since the late 1700s, Congress has established numerous federal programs to provide housing, housing assistance, and health care support to certain wounded, ill, or injured servicemembers, military retirees, and other veterans. Some of those programs included the establishment of military asylums for temporarily or permanently disabled servicemembers. Most military asylums have since closed or been transferred to the Department of Veterans Affairs (VA) or state agencies that separately or jointly administer a variety of residential social support programs. Congress also later established the Armed Forces Retirement Home (AFRH) as the only federal military retirement community. In so doing, AFRH absorbed two previously existing military asylums, later converted to Department of Defense (DOD)-affiliated retirement homes. AFRH now provides residential care to military retirees and certain other veterans.

## Background

### The Naval Home

On February 26, 1811, Congress directed the establishment of Navy hospitals (2 Stat. 650). Then-Secretary of the Navy, Paul Hamilton, utilized that authority to establish an interim Navy hospital in Philadelphia, Pennsylvania. In 1834, the hospital became an asylum, later renamed the *Naval Home*, to provide for “decrepit and disabled naval officers, seamen, and Marines.” In 1976, the Naval Home moved to a new permanent site in Gulfport, Mississippi.

### The Soldiers’ Home and Airmen’s Home

On March 3, 1851, Congress directed the establishment of a *Military Asylum* for the “relief and support of invalid and disabled Soldiers of the Army of the United States” (9 Stat. 595). Washington, D.C., became the location of the primary asylum. Temporary facilities in Louisiana, Mississippi, and Kentucky were also established and subsequently closed.

### Reorganizing into the AFRH

In 1990, Congress consolidated the two existing military retirement homes into an independent federal agency known as the AFRH (P.L. 101-510 §1511) and subsequently renamed each respective site: AFRH-Washington (which also houses the headquarters office) and AFRH-Gulfport.

## Purpose & Organization

By law (24 U.S.C. §411), the purpose of the AFRH is to provide “residences and related services for certain retired and former members of the Armed Forces.” A Secretary of Defense-appointed Chief Executive Officer leads the AFRH. Chapter 10 of Title 24, U.S. Code, assigns certain administrative and oversight responsibilities of the AFRH to DOD. These responsibilities include appointment of executive staff members and the AFRH Advisory Council,

technical support for clinical and non-clinical functions, periodic inspections by the DOD Inspector General, and administrative support.

## Eligibility for Residency

Current statute (24 U.S.C. §412) defines eligibility for AFRH residency. In general, residents must meet one of the following eligibility requirements:

- age 60 or over and discharged or released from military service after 20 or more years of active service;
- suffering from a service-connected disability (as determined by the AFRH Chief Operating Officer [COO]) incurred during military service;
- served in a war theater during a time of war declared by Congress, or were eligible for hostile fire, imminent danger, or hazardous duty pay; or
- served in a women’s component of the Armed Forces prior to June 12, 1948, and meets certain eligibility criteria established by the AFRH COO.

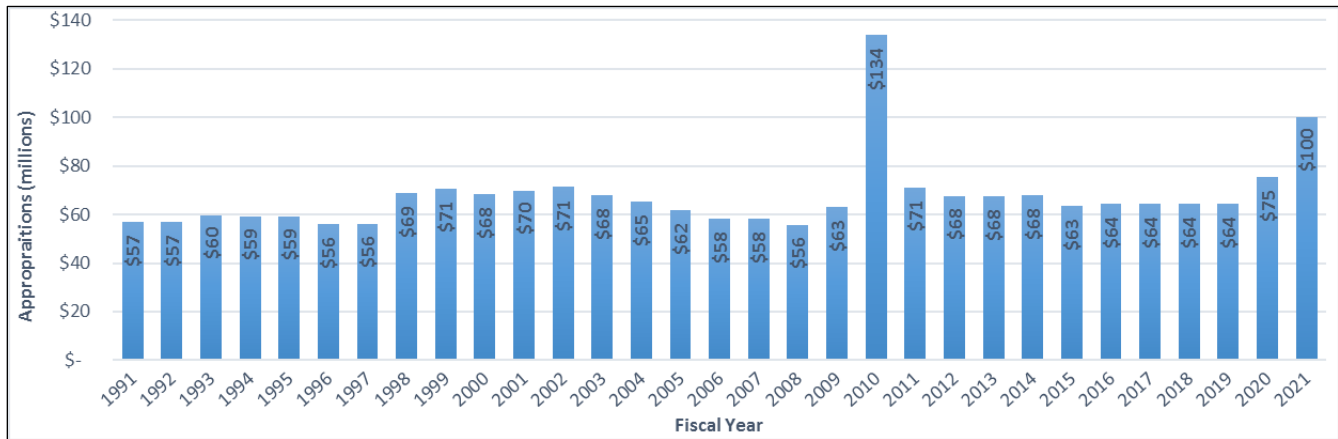
Non-military spouses may also be eligible for residency on a space-available basis. In fiscal year (FY) 2020, there were 649 residents in total. Of those, 507 residents (78%) required only domiciliary care (i.e., independent senior living), while 142 residents (22%) required at least part-time nursing home care. At maximum capacity, the AFRH can accommodate at least 1,100 residents.

## Retirement Home Services

The AFRH offers five levels of care for eligible residents, each with varying requirements for non-medical support or limited skilled nursing care, including:

- Independent Living—residents do not require assistance with activities of daily living (ADL; i.e., hygiene/grooming, medication administration, ambulating, eating/drinking, or dressing);
- Independent Living Plus—residents require some assistance with ADL;
- Assisted Living—residents receive regular assistance with ADL and support by full-time nursing coverage;
- Long-Term Care—residents with a chronic illness or disability receive full-time nursing coverage and assistance with ADL;
- Memory Support—residents with cognitive deficiency receive full-time nursing coverage and assistance with ADL.

The AFRH does not offer comprehensive nursing home, long-term acute (inpatient) care, or hospice services. It partners with local VA medical centers and military treatment facilities to coordinate additional health care services for residents.

**Figure 1. AFRH Appropriations, FY1991-FY2021**

**Source:** Prepared by CRS. Based on a compilation of AFRH appropriations included in the Departments of Labor, Health and Human Services, Education, and Related Agencies Appropriations Act; Military Quality of Life and Veterans Affairs Appropriations Act; or the Military Construction, Veterans Affairs, and Related Agencies Appropriations Act; FY1991-2021.

**Notes:** Figures are rounded. FY2010 included additional funding for certain facility enhancements, including compliance with Americans with Disabilities Act requirements. FY2021 included \$2.8 million in supplemental funding from the Coronavirus Aid, Relief, and Economic Security (CARES) Act (P.L. 116-136).

## Budget

The AFRH Trust Fund is the primary financial source for the retirement home's operations and maintenance. An annual congressional appropriation typically made through the Military Construction, Veterans Affairs, and related agencies appropriations bill is the largest contributor to the trust fund. Collected resident fees, financial gifts and donations, real property leasing revenue, certain fines and forfeitures levied under the Uniform Code of Military Justice, and a mandatory payroll contribution of \$0.50 per month (authorized to be no more than \$1.00 per month) from all enlisted military servicemembers, warrant officers, and limited duty officers contributes to the AFRH Trust Fund. **Figure 1** shows congressional appropriations for the AFRH since FY1991. For FY2021, Congress appropriated \$75.3 million for AFRH operations and maintenance. Of that amount, Congress designated \$9 million for construction and renovation purposes. Since 2016, Congress also designated \$22 million in each fiscal year's appropriation to support the long-term stability of the AFRH Trust Fund.

## AFRH Outlook

The AFRH is a unique federal entity that offers many similar housing and health care support and benefits as other cabinet-level federal departments (e.g., DOD, VA, Department of Housing and Urban Development). Based on current eligibility requirements and infrastructure capacity, the AFRH could support <1% of the eligible military retiree or veteran population. Based on its *Vision 2035* strategic plan, the AFRH intends to "plan for and methodically address our aging and outdated infrastructure and to accommodate shifting industry trends and generational life preferences." Such efforts include the formation of multigenerational veteran communities, dynamic living environments, and local and geographic expansion.

As annual appropriations and authorizing legislation are considered for the AFRH, Congress may conduct additional oversight activities to evaluate a variety of issues, such as:

- the statutory purpose of the AFRH and considerations regarding the necessity of a federally-funded military retirement community;
- the feasibility of transferring the AFRH to another federal department/agency with similar responsibilities, functions, and programs; and/or
- an expansion of the AFRH's capability and capacity to serve more eligible military retirees, veterans, or family members.

### Relevant Statutes, Regulations, and Policies

Chapter 10, Title 24, U.S. Code

Chapter XI, Title 5, U.S. Code of Federal Regulations

DOD Instruction 1000.29, *Armed Forces Retirement Home (AFRH)*, updated October 5, 2018

### CRS Products

CRS Report R44697, *Long-Term Care Services for Veterans*, by Kirsten J. Colello and Sidath Viranga Panangala

CRS In Focus IF10555, *Introduction to Veterans Health Care*, by Sidath Viranga Panangala and Jared S. Sussman

CRS In Focus IF10530, *Defense Primer: Military Health System*, by Bryce H. P. Mendez

### Other Resources

DOD Inspector General, *Armed Forces Retirement Home Support Functions*, DODIG-2018-153, September 24, 2018

DOD Inspector General, *Financial Management and Contract Award and Administration for the Armed Forces Retirement Home*, DODIG-2018-077, February 21, 2018

Government Accountability Office, *Armed Forces Retirement Home: Health Care Oversight Should be Strengthened*, GAO-07-790R, May 30, 2007

**Bryce H. P. Mendez**, Analyst in Defense Health Care Policy

---

## Disclaimer

This document was prepared by the Congressional Research Service (CRS). CRS serves as nonpartisan shared staff to congressional committees and Members of Congress. It operates solely at the behest of and under the direction of Congress. Information in a CRS Report should not be relied upon for purposes other than public understanding of information that has been provided by CRS to Members of Congress in connection with CRS's institutional role. CRS Reports, as a work of the United States Government, are not subject to copyright protection in the United States. Any CRS Report may be reproduced and distributed in its entirety without permission from CRS. However, as a CRS Report may include copyrighted images or material from a third party, you may need to obtain the permission of the copyright holder if you wish to copy or otherwise use copyrighted material.