



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 that 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, DC, 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:

- 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;
- 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; or
- eligible for non-regular retired pay (i.e., retired reservist) and is enrolled in VA health benefits, TRICARE, or a COO-recognized health insurance plan.

Spouses of those meeting the above criteria may also be eligible for residency on a space-available basis. In FY2023, AFRH reported having a total of 665 residents. Of those, 536 residents (81%) required only domiciliary care (i.e., independent senior living), while 129 residents (19%) required at least part-time nursing home care. At maximum capacity, the AFRH can accommodate at least 1,100 residents.

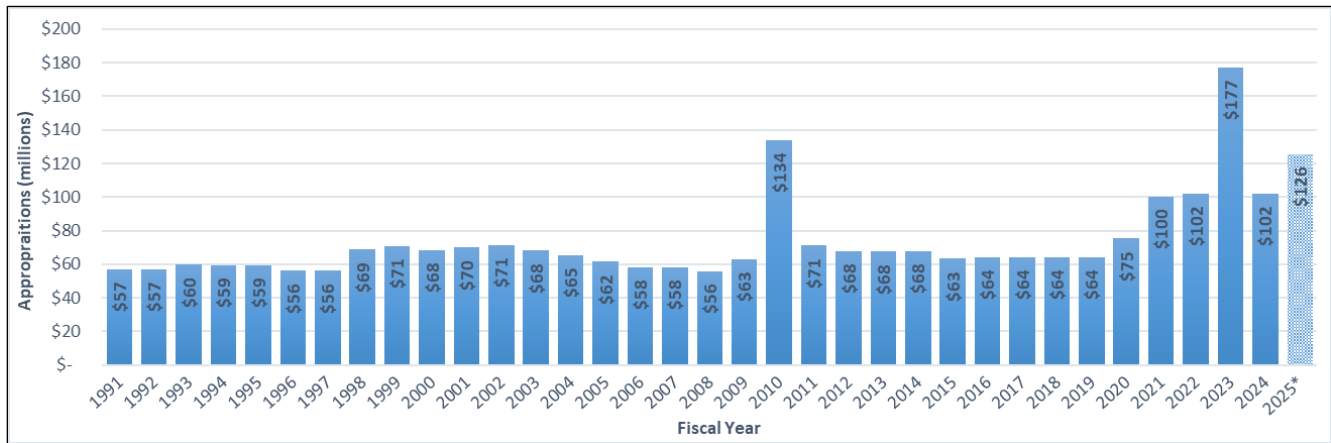
Retirement Home Services

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; and
- 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-FY2025 Request



Source: CRS graphic based on analysis of FY1991-FY2025 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; the Military Construction, Veterans Affairs, and Related Agencies Appropriations Act; and AFRH congressional budget justification documents.

Notes: Figures are rounded. FY2010 and FY2023 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). FY2025 figure is the amount requested by AFRH.

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 FY2025, AFRH requested \$125.5 million. Of that amount, approximately \$68.5 million would be designated for AFRH operations and maintenance, \$32 million for construction and renovation purposes, and \$25 million 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 address “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

Title 24, Chapter 10, *U.S. Code*

Title 5, Chapter XI, *Code of Federal Regulations*

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

CRS Products

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

CRS In Focus IF11656, *State Veterans Homes*, by Jared S. Sussman

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

Other Resources

AFRH, *Congressional Budget Justification Fiscal Year 2025, 2024*

DOD Inspector General, *Evaluation of the Armed Forces Retirement Home Response to the Coronavirus Disease-2019 Pandemic*, DODIG-2021-055, February 12, 2021

Government Accountability Office, *Congress and Agency Management Should Take Actions to Improve Financial Sustainability*, GAO-24-106171, December 7, 2023

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