



# The E-9ers

## COLORADO

<http://www.e9ers.org/>  
<http://www.e9ers.com/>

**Army  
Navy  
Air Force  
Marine Corps  
Coast Guard**

September 2009

Volume 12 Number 9

### PRESIDENT'S COLUMN

Fellow E-9ers;

Well, summer is coming to a close, and we have been busy. One more holiday and we can say we survived another season. Ann and I have done our share of traveling, and still more to come before the snow flies.

Please take time and remember what Labor Day is all about. Visit friends and relatives and enjoy the rest of summer. Hope you read over the newsletter; there are a lot of articles of interest.

Take care now.

Your Prez,  
Bill

### GOVERNMENT SAYS TREATING ELDERLY IS A WASTE OF MONEY

"Senior" status is something we all face (if we're lucky), so read this. Especially note Daschle's statement about the elderly! Then forward, like I'm doing! Guess we'd best start praying that this health care plan fails like Hillary's did.

Your Prez

#### WHAT A SHAME:

Everybody that is on this mailing list is either a senior citizen, is getting close, or knows somebody that is. Most of you know by now that the Senate version (at least) of the "stimulus" bill includes provisions for extensive rationing of health care for senior citizens. The author of this part of the bill, former senator and tax evader, Tom Daschle was credited by Bloomberg with the following statement.

Bloomberg: "Daschle says health-care reform will not be pain free. Seniors should be more accepting of the conditions that come with age instead of treating them." If this does not sufficiently raise your ire, just remember that Senators and Congressmen have their own health care plan that is first dollar or very low co-pay which they are guaranteed the remainder of their lives, and are not subject to this new law if it passes.

Please use the power of the Internet to get this message out. Talk it up at the grassroots level. We have an election coming up in one year and nine months. We have the ability to address and reverse the dangerous direction the Obama administration and its allies have begun.

If you disagree, don't do anything.

### The E-9ers OFFICERS

The following officers of the E-9ers Association are interested in hearing from you and what suggestions that you may have to improve our group. If you have any thoughts that you would like to share, please give one or more of them a call. They would love to hear from you.

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### The E-9ers Association Next Monthly Meeting

September 23, 2009

11:00 a.m.

at

Mr. Panda Restaurant  
2852 S. Havana Street  
Aurora, CO

## VIET NAM VETS AGAIN PRESS VA ON AGENT ORANGE

Armed with the latest study from the Institute of Medicine, Vietnam Veterans of America (VVA) is petitioning Veterans Administration Secretary Eric Shinseki to add three illnesses -- including high blood pressure -- to the long list of deadly or debilitating ailments that have been linked to Agent Orange exposure. The outreach is the latest in a long fight between some Vietnam veterans' organizations and the U.S. government to connect a wider range of ailments to the chemical defoliant used throughout the conflict to strip away the enemy's jungle sanctuaries. "With the body of scientific evidence that currently exists, as well as your authority to take immediate action through administrative rulemaking, VVA believes that there is now no factual or legal impediment to presumptive service connection for ischemic heart disease, hypertension, and Parkinson's disease," wrote John Rowan, national president of VVA, in a July 27 letter to Shinseki.

A VA spokesman said the agency has formed a working group to review the Institute's findings and will make recommendations to Shinseki when it is finished. "VA is committed to pursuing all research efforts that improve our understanding of various factors that can potentially support presumption of service-connected disability determinations," spokesman Jim Benson said in an email to Military.com.

And to Rowan, that's at least a good start. "This is a big deal," Rowan said in a phone interview July 28 from Louisville, KY, where the organization held its 14th biennial meeting. "We sent Shinseki a letter requesting that he listen to the IOM report and add Parkinson's disease, ischemic heart disease, and hypertension [high blood pressure] to the list." A Vietnam vet who contracts any of the illnesses on the VA's list can seek treatment at VA medical centers and apply for disability compensation.

Benson said the VA working group looking into the institute's findings is being led by the Veterans Health Administration's Office of Public Health and Environmental Hazards, and includes representatives from Veterans Benefits Administration and from VA's general counsel, research and development, patient care services, and policy and planning offices. "Recommendations for policy changes, if any, will be made to Shinseki, who will decide and announce any policy changes that result. We anticipate this process will take several months to changes," Benson said.

Rowan's organization is also asking Shinseki to reverse past VA decisions to not include hypertension on the list, despite the Institute's conclusion two years ago of a connection between Agent Orange and high blood pressure. In 2006, the Institute -- which by law conducts the Agent Orange studies every two years -- found "limited or suggestive evidence" of an association between high blood pressure and Agent Orange exposure. But the VA did not include the condition on the list of diseases presumed to be caused by exposure to the defoliant. The military sprayed the herbicide throughout Vietnam during the war to bare huge areas of jungle where communist forces were thought to be operating. The chemical also was used to clear areas around military bases. It was also sprayed along the demilitarized zone separating North and South Korea in the late 1960s, said Rowan.

For many years after the war, the U.S. denied any links between Agent Orange exposure and the various illnesses and cancers developing in veterans. Today, diseases in Vietnam veterans that are presumed to be linked to their exposure to the defoliant include cancer of the bronchus, cancer of the larynx, lung cancer, prostate cancer, cancer of the trachea, Hodgkin's disease, multiple myeloma, non-Hodgkin's lymphoma, and chronic lymphocytic leukemia. The list also includes more than 30 types of soft tissue sarcoma, or tumors, as well as Type II diabetes and other illnesses.

Rowan said the previous VA leadership never adequately explained why it would not include hypertension on the list of related conditions, even though the Institute made its case for doing so. In his petition to Shinseki, Rowan explained that his organization withheld pushing the VA to add hypertension to the list until the new administration got spun up on the issues and solidified its new team at VA. But with the release of the institute's latest findings, he wrote, the organization felt it could wait no longer. In a statement VVA issued immediately following the Institute's findings, Rowan said his organization continues "to get far too many calls from the children of veterans who wonder if their father's experiences in Vietnam -- and along the DMZ in Korea in 1968 and 1969 -- has any connection with their health issues and now those of their children."

Military.com News Article, Dated July 30, 2009

## IN MEMORIAM

Andrew J. Wilson, Jr. CMSgt, (USAF, Ret) passed away in August. He served 30 years in the Air Force and was a member of our association since 1998. He will be greatly missed. Please remember him in your prayers.

## LAPTOP THEFT EXPOSES GUARDSMEN'S DATA

About 131,000 former and current Army National Guard members may have had their personal information compromised when a contractor's laptop was stolen, Guard officials announced August 4. The laptop, taken July 27 during a conference in Atlanta, included data on soldiers enrolled in the Army National Guard Bonus and Incentives Program. Files containing soldiers' names, social security numbers, payment dates, and bonus amounts were included on the laptop.

Randy Noller, a spokesman for the National Guard Bureau, said officials don't have any indication yet that the information has been used to open new credit cards or go after soldiers' bank accounts. "At least for now, it just looks like somebody wanted to steal a laptop," he said. "There's no evidence that anything has been compromised, but we didn't want to wait to notify our members about the possible threat." Local police are looking into the theft, and Guard officials are investigating whether the contractor broke any rules by carrying the files on the laptop. Noller said no other details of those investigations are being made public at this time.

All soldiers whose information was on the laptop will receive both an e-mail and a letter from the bureau explaining the theft, and state Guard officials are being provided with additional updates on the investigations. In addition, the Guard Bureau is providing information on how to check credit records and guard against identity theft at its web site -- [www.ng.mil](http://www.ng.mil) -- and has set up a toll-free call center at (877) 481-4957 to answer servicemembers' questions. The bureau has not committed to offering any free credit monitoring services to affected soldiers, but Noller said that proposal "is part of the discussions about what we should do next."

In January, the names, addresses, post office box numbers, and units of assignment of more than 6,000 troops and defense workers at RAF Mildenhall in England were compromised when an airman's laptop was stolen. And in 2006, personal information of more than 26.5 million veterans was jeopardized when a laptop was stolen from the home of a Department of Veterans Affairs employee. Although the laptop was eventually recovered without any of the information being compromised, the incident prompted a major overhaul of the agency's technology rules and practices.

Military.com News Article, Dated August 5, 2009

## VETERANS TO ROUTINELY BE OFFERED HIV TESTS

The Veterans Affairs Department on August 17 began offering routine HIV tests to veterans who receive medical care. Under the new policy, veterans must verbally consent to the test, and they can opt to decline it. Previously, veterans had to sign a consent form and were read scripted, standard counseling information before and after the test. Under the new policy, providers are not required to read the pre-scripted counseling information, although they will still be available to answer questions.

The new policy follows recommendations from the Centers for Disease Control and Prevention, which advised that all patients should be offered HIV testing even if they are not considered at risk. The hope is that by dropping the written consent, more veterans will get tested and, when necessary, receive medical treatment early. About 22,000 veterans with HIV get care at VA facilities. HIV is the virus that causes AIDS, which is a disease that weakens the immune system.

Military.com News Article, Dated August 17, 2009

## ALTERNATE LOCATION TO OBTAIN ID CARDS

There is a new option for military personnel in the Denver area who don't wish to travel to Buckley AFB to get ID cards and badges. The National Oceanic and Atmospheric Administration (NOAA) in Boulder now uses the DOD badging system for its ID cards. One of the conditions for leasing the hardware and software from DOD was that NOAA must provide ID cards and CAC badges to any DOD personnel (including family members and retirees) in the area. ID cards are issued by appointment only and appointments must be made online by using the appointment scheduler at <http://www.wrc.noaa.gov/wrso/index.htm>. For more information, please call Hank Kordek at (303) 497-5649.

## **NO COLA THIS YEAR IS LOOKING MORE LIKELY**

An announcement on August 14 that consumer prices continue to fall makes the proposed 2010 military pay raise look even bigger while dimming chances of a cost-of-living adjustment for military retirees this December. The Labor Department's Bureau of Labor Statistics, which tracks the price of goods and services, reported that prices fell by 0.2 percent in July and by 2.1 percent in the last 12 months.

The main reason for the drop is a 28 percent decline in energy costs in the last year. Energy costs climbed slightly last month but are still down for the year. Falling consumer prices would give the 3.4 percent military pay raise that is pending in Congress more buying power. Military pay raises are not linked to consumer prices; they are based on comparability with private-sector pay raises. The 3.4 percent raise approved by the House and Senate — but not yet final — would be 0.5 percent greater than the average private-sector wage increase in 2008, the year used for comparison purposes in preparing the 2010 budget. The Obama administration had requested a 2.9 percent military pay increase that would have matched the 2008 private-sector increase.

For military retirees — as well as federal civilian retirees, Social Security recipients, and other beneficiaries of federal benefits linked to consumer prices — the July report adds credence to the possibility there will be no December 1 cost-of-living adjustment. By law, Social Security and government retirement automatically increase each year to keep pace with the rise in the Consumer Price Index, a measure of the cost of goods and services. The annual increase is determined by comparing costs in the last quarter of the fiscal year — July, August and September — to costs in the last quarter of the previous fiscal year. If costs fall from one year to the next, retired pay and benefits are not cut; they are simply frozen at their current level. The fate of the 2009 cost-of-living adjustment, which would take effect on December 1 and first appear in January checks, will not be known until mid-October. But the 2.1 percent drop in prices in July 2009 compared to the same month last year is a strong indicator of what to expect.

According to the Labor Department announcement, the July drop, which follows a modest price increase in June, is a result of declines in both food and energy indexes, including drops in gasoline, fuel oil, and electricity. Natural gas prices slightly increased. Other categories of goods also saw increases, including medical care, clothing, new vehicles, tobacco products, and airline ticket prices. Rent and mortgage costs were unchanged, and the cost of lodging away from home fell, the report says.

Military Times News Article, Dated August 14, 2009

## **AGENT ORANGE LINKED TO HEART DISEASE, PARKINSON'S**

Medical researchers say there may be a link between exposure to the defoliant Agent Orange and other herbicides used during the Vietnam War and an increased chance of developing serious heart problems and Parkinson's disease. A study from the Institute of Medicine released July 24 contains several caveats, but suggests there is a stronger connection than previously thought about the health risks to Vietnam veterans. The research was sponsored by the Veterans Affairs Department, which will decide what to do with the findings. A VA spokeswoman said the department is reviewing the study to determine the full extent of the toxic effects of Agent Orange so exposed Vietnam veterans get the disability benefits they are entitled to.

American forces sprayed millions of gallons of Agent Orange and other defoliants over parts of Vietnam from 1962 to 1970. Military authorities used the defoliants in an attempt to massively prune away the dense jungle cover used by North Vietnamese forces to hide. American troops and others exposed to the chemicals later complained of numerous health problems, however, and researchers are still trying to determine the scope of the damage.

The Institute of Medicine, a division of the National Academy of Sciences, is mandated by Congress to review every two years evidence about the effects of Agent Orange exposure. To determine whether Vietnam veterans faced an increased chance of ischemic heart disease — a condition involving reduced blood supply to the heart — researchers reviewed several studies that showed links between higher exposure levels and greater incidence of the disease. Other factors such as smoking, age, and weight can also play a role, they noted. Still, they said veterans exposed to the chemicals may be at greater risk. The conclusion on Parkinson's was based on a review of 16 studies that looked at herbicide exposures among people with the disease or Parkinson's-like symptoms. But the study cautions the review was hindered by the lack of studies specifically investigating Parkinson's rates among Vietnam veterans.

NVOA News Article, Dated July 26, 2009

## MORE TROOPS RELYING ON FOOD STAMPS

Military members and their families are using more food stamps than in previous years – redeeming them last year at nearly twice the civilian rate, according to Defense Commissary Agency figures. The agency reports that more than \$31 million worth of food stamps were used at commissaries nationwide in 2008 – an increase of about \$6.2 million, or more than 25 percent – from the \$24.8 million redeemed in 2007. That contrasts with a 13 percent overall increase in food stamp use by Americans for the same period, according to the Department of Agriculture, which administers the food stamp program.

The spike reverses a 5 percent decrease in food stamp redemptions by military families from 2006 to 2007. The commissary agency stressed that its figures include military retirees as well as Reservists and National Guardsmen who shop at its commissaries. Commissary agency officials were unable to provide numbers for the first half of 2009.

The rise in food stamp usage in the military may also be attributed to a recent change in the way the program is administered. Program users may now use a debit card to buy with food stamps rather than traditional paper vouchers – decreasing their visibility and so eliminating any stigma or reluctance to using the government-funded aid. The increase in food stamp usage by military families can be viewed as part of a larger, national trend. Figures show that food stamp use had been rising sharply across the country even before the current recession, even though much of the previous decade was marked by a robust economy.

In 2000, there were slightly more than 17 million Americans on food stamps, according to the Center on Budget and Policy Priorities, a Washington-based think tank focused on issues impacting low-income Americans. By 2005, the number had increased to nearly 26 million while a government report issued earlier this year found that more than 32 million people are on food stamps. That equates to roughly one in 10 Americans receiving government aid for food at a rate of approximately \$118 per person.

With unemployment continuing to climb and mixed economic indicators causing further volatility on Wall Street, it appears the rise in food stamps is unlikely to cease any time soon. The numbers provided by commissary agency show men and women in uniform are caught up in the trend, though the agency is unable to provide details about where and how food stamps are redeemed.

Despite accepting food stamps since 1991, the agency is unable to determine how usage breaks down by branch of service, gender, and rank. It did, however, say that usage is higher on installations in the eastern region of the United States versus the west. Food stamps are not used at overseas installations.

The Defense Department conducted its last study on food stamp usage in 2002 and found that 2,100 members of the armed forces redeemed the aid. That figure represented slightly more than 1/10 of 1 percent of the military and had decreased significantly from 19,400 service members using food stamps in 1991.

A military spokeswoman said the seven-year-old study linked living on base with using food stamps. “That some military members continue to qualify for food stamps is primarily a result of the Department of Agriculture excluding the value of government-provided housing as income in determining eligibility for the food stamp program. The study indicated that the majority of military food stamp recipients lived on base,” Eileen M. Lainez said in an e-mail to Military.com. “The fact that some enlisted members and even a few officers received food stamps was more a result of larger household sizes and living in government quarters than an indicator of inadequate military compensation.

Congress is currently investigating the possibility of increasing benefits to certain troops so they would not be able to qualify for food stamps.

Military.com News Article, Dated July 22, 2009

## WELCOME ABOARD!

The following new member has recently joined our association. Please welcome him into our elite group of E-9ers and spouses:

Timothy L. Rego, CSM (USA, Ret)

## ROUTINE GI HEALTH NEEDS NOT MET

The number of Army medical centers and clinics that provide timely access to routine medical care has hit a five-year low, Army records show, often forcing soldiers and their families to seek treatment off base. About 16% of Army patients, particularly family members, can't get appointments with their primary physicians and are sent to doctors off the installation, according to the results of a nine-month Army review finished late last year. Some of those patients end up in emergency rooms or urgent care centers, says the study, which the Army provided to USA TODAY.

Army records show that 26 of its medical centers, hospitals, and clinics are unable to meet the Pentagon standard requiring that 90% of patients get routine care appointments within seven days. Those are the worst results since the start of the wars in Iraq and Afghanistan, and a 13% increase from 2005 in the number of medical facilities unable to meet the standard. This year, the Army surgeon general, Lt. Gen. Eric Schoomaker, authorized 12 medical facilities with the worst access problems to hire more primary care doctors, says Col. Ken Canestrini, who's in charge of improving access to health care for soldiers and their families. Although 85% of patients get in to see their doctors, Canestrini says, Army officials understand the others are unhappy about not receiving the access they want.

Some of the worst problems for access to care are at installations that house units doing some of the heaviest fighting in Iraq and Afghanistan, Army records show. Six in 10 patients received on-time routine care in 2008 at the Fort Bragg, NC hospital, which has not met the routine care standard since 2005. Bragg is home to the 82nd Airborne Division and special operations forces that have been fighting in the two wars consistently. Routine care makes up about 25% of all visits and includes issues such as chronic knee injuries or lower back pain. The Army deserves a C— grade for access, says Sheila Casey, the wife of Gen. George Casey, the Army chief of staff. She regularly tours Army bases to meet with military spouses.

The Army doesn't have enough doctors to provide care both to families and soldiers at home and to those in combat, say Casey, Canestrini, and Col. Jonathan Jaffin, the surgeon general's director of health policy and services. Hospital commanders have overloaded their base physicians with too many patients, Canestrini says, so appointments to see doctors are quickly used up. Schoomaker ordered the off-base medical visits to make it easier for families to receive care, even if it costs more, Jaffin says.

USA Today News Article, Dated July 31, 2009

## VA ADVANCE FUNDING BILL PASSES SENATE

The Senate has unanimously approved U.S. Senate Veterans' Affairs Committee Chairman Daniel K. Akaka's (D-HI) legislation to secure timely and predictable funding for the veterans' health care system. Akaka introduced the measure with the backing of leading veterans service organizations, shepherded the bill through the Committee, and secured the backing of more than half of the Senate before securing its passage by unanimous consent August 13, setting the stage for the House and Senate Veterans' Affairs Committees to negotiate a final version of the legislation, which can then be approved by the full House and Senate.

"Congress has worked in recent years to reverse VA's chronic underfunding, but we still need to address the broken way that we fund the nation's largest health care system. With advance funding we will make sure that veterans' health care receives timely and predictable funding, allowing VA health care dollars to go further for veterans and taxpayers," said Akaka.

"Delays in the appropriations process for veterans' medical care have, all too often, prevented the VA from receiving the funding required to provide veterans the medical care they've earned. Over the past six years, the VA has not received its annual funding on average until more than three months after the start of the new fiscal year. Clearly, it is long past time Congress remedied this bureaucratic nightmare, and we have moved one step closer today," said Senator Snowe (R-ME), a lead Republican on the bill. "This Senate action is extremely welcome news and I stand ready to continue working with my colleagues to ensure this legislation is swiftly enacted into law."

Akaka's legislation, the Veterans Health Care Budget Reform and Transparency Act of 2009 (S. 423), would secure funding for veterans' health care one-year in advance of the regular appropriations process. S. 423 would also ensure transparency in the funding process by requiring public reports and GAO audits on VA's funding forecasting. Currently, VA is funded year-by-year; a process which has resulted in late funding 19 of the past 22 years. VA operates the largest health care system in the nation, providing care for millions of wounded and indigent veterans.

Military.com News Article, Dated August 14, 2009

## SENATE VOTES AGAINST SURVIVOR PAY OFFSET

The Senate voted July 21 to repeal an offset in pay for surviving spouses who are eligible for both military and veterans' survivor payments — but this is no guarantee extra money is coming. Eliminating the offset in military survivors' benefits from the Defense Department for those also receiving dependency and indemnity compensation from the Veterans Affairs Department is the top priority of the 34-member Military Coalition, which has been urging Congress to act. So passage by voice vote of an amendment to the 2010 defense authorization bill that allows full payments of both benefits fulfills a push by the influential collection of military and veterans groups.

Sen. Bill Nelson, D-FL, the long-time sponsor of so-called SBP/DIC legislation, was the chief sponsor of the amendment to S 1390. The amendment was approved by voice vote and without debate. About 57,000 survivors, mostly widows, would be affected if the provision were to become law. For most, elimination of the offset would result in a more than \$1,100 increase in monthly benefits.

The Senate has passed similar legislation before, however, only to see it die in negotiations with the House of Representatives over questions of funding —estimated to be between \$6 billion and \$8 billion over 10 years. The House version of the defense bill does not include a repeal of the SBP/DIC offset, leaving the fate of the Nelson provision to the outcome of negotiations between the House and Senate as they try to write a final version of the defense bill. However, House Democratic leaders have been under intense pressure from military associations and from Republicans to do something about the SBP/DIC offset, leading supporters to hope that Nelson's amendment would force the House to try again.

In June, President Barack Obama signed into law a bill that included an extension through 2017 in a special allowance provided to survivors to partly make up for the offset. The allowance, currently \$60 a month, is scheduled to increase a little each year until it grows to \$310 in 2017, which still falls short of the \$1,100 reduction from the offset. Boosting the allowance is one of the options being considered as a less costly alternative to full elimination of the offset, according to congressional aides working on military personnel issues.

Military Times News Article, Dated July 21, 2009

## TRICARE TO LOWER PRICES

The Defense Department is projected to reduce spending by \$1.67 billion on prescription medications sold in retail pharmacies in fiscal 2010, by providing discounts in the Tricare retail pharmacy network. Tricare beneficiaries who need a prescription filled right away and are unable to get to a military pharmacy, can visit one of the more than 54,000 civilian pharmacies that are part of the Tricare retail pharmacy network. To locate retail pharmacies in the network based on ZIP code, call the Tricare retail pharmacy program at 866-363-8779.

Military.com News Article, Dated August 17, 2009

## VA TO OPEN NATIONAL PHARMACY CALL CENTER

The U.S. Veterans Affairs Department will open a national call center in Waco, TX, to help answer questions from veterans and VA pharmacies. U.S. Rep. Chet Edwards announced the new project August 12 during a visit by VA Secretary Eric Shinseki to Waco's VA hospital. The Waco Democrat says the center in the hospital complex is expected to employ 224 workers. Edwards says the center will be situated in a building in the Waco VA complex that will undergo a \$4.5 million renovation, starting in September.

Military Times News Article, Dated August 12, 2009

## TRICARE CHANGES IMPACT SIX MILLION BENEFICIARIES

In a surprise development, two of three current Tricare contractors -- Health Net Federal Services and Humana Military Healthcare Services -- lost to rival firms in their bids to handle next-generation support contracts. The three contracts are worth a total of \$55.5 billion over five years. This means that nearly six million military healthcare beneficiaries, those who live in Tricare's North and South regions, will have new managed care support contractors and claim processors to deal with by April of next year.

Military.com News Article, Dated July 20, 2009

# 2009 CALENDAR



# SEPTEMBER

- 7 Labor Day
- 9 UVC Meeting
- 11 Patriot Day
- 13 Grandparents Day
- 17 U.S. Constitution Approved (1787)
- 18 U.S. Air Force Established (1947)
- 18 POW/MIA Recognition Day
- 22 First Day of Autumn
- 23 Membership Meeting
- 27 Gold Star Mother's Day

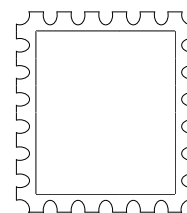
## HAPPY ANNIVERSARY

- Sep. 1 1944 (65th) Robert & Lois Van Sciver
- Sep. 3 1949 (60th) Joseph & Helen Gordy
- Sep. 5, 1970 (39th) Jerry & Debbie Gamache
- Sep. 20, George & Sande Erickson
- Sep. 29, 1973 (36th) Bob & Sandy Tomlinson

## HAPPY BIRTHDAY

- 1 Rene Simard
- 3 Walter Wilson
- 3 Roger O'Cain
- 5 Donna Tellgren
- 5 Buck Ward
- 6 Barbara Mills
- 8 Judy Ashby
- 8 Patricia Lee
- 8 Robert Oden
- 12 Herman Darden
- 12 Kalyn Nelson
- 13 Louise Malouff
- 13 Ellen Wilson
- 15 Joyce Aivalotis
- 16 Lillian Pierce
- 19 Marie Nuce
- 19 Yolanda Saville
- 20 Gayla Platt
- 21 David Howard
- 21 Manuel Maciel
- 25 Claire Denlea
- 26 Carl Victor
- 26 Dorothy Preston
- 27 Ted Gembczynski
- 30 Dorothy McIlrath
- 30 Ronald Vigil
- 30 Joseph Gordy

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RETURN SERVICE REQUESTED

