



The E-9ers

COLORADO

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

February 2010

Volume 13 Number 2

PRESIDENT'S COLUMN

Dear E-9er's Membership:

Patty and I are honored that the membership of the E-9er's Association, have elected me to serve as their President for 2010.

As your incoming president, I plan to continue with plans that Bill has in place, and, if everyone agrees, I plan to continue with the current staff that is in place and to work on filling the one current staff vacancy (social director) that we have. If we have any volunteers for this position, please feel free to contact me. Please don't hesitate to contact any of the E-9er's Officers if you have any suggestions that could improve the association.

On January 9th, Patty and I, along with several other E-9ers, attended the interment held at Ft Logan National Cemetery for Steve Brantley; the ceremony was very impressive and dignified. We all wish Vera the very best and hope to see her in the future, and that she will continue coming to our meetings.

Bob Lee,
President

IN MEMORIAM

Stephen L. Brantley, CMSgt, USAF, (Ret) and Arlene Vencill recently passed away. Steve passed away January 2 while recovering from back surgery. Burial was January 9 at Fort Logan National Cemetery. Arlene passed away on September 9 in Kimball, NE. Steve was a charter member of the Association and Arlene had been a member for the past ten years. Both helped build our outstanding association and will be greatly missed. Please remember them in your prayers.

RETIREES GET WRONG PAY STATEMENTS

DFAS reported that approximately 18,000 Concurrent Retirement and Disability recipients in the Norfolk, Virginia area received statements containing another retiree's data. There is no indication that anyone other than the intended recipients received privacy data such as SSNs, bank account numbers, or phone numbers. However, page two of the form did include data such as allotment type, the name of the payee, and the amount of the allotment. The full press release can be read at http://www.dfas.mil/news/DFASRelease_01_10_02.pdf. Retirees that have any questions regarding their accounts, should contact DFAS at 1-800-321-1080.

This appears to be the source of email traffic that is being circulated concerning errors in the beneficiary information on Military Retiree Account Statements. Bottom Line -- check your statement for accuracy.

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

February 24, 2010
11:00 a.m.

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

AFTER RETIREMENT, HANG UP THE UNIFORM, BUT KEEP TRICARE

Retiring from an active duty career in the military offers a lot of choices that were not available while serving in uniform. Along with choices about where to live and what to wear, there are also choices to be made regarding health care.

While active duty service members must use Tricare Prime or Prime Remote, retirees who are not eligible for Medicare may be eligible for Tricare Prime or choose Tricare Standard or Extra. Each program has advantages pertaining to cost, location, and convenience. If space is available, continuing care in a military treatment facility (MTF) with a primary care manager through Tricare Prime requires re-enrolling and paying annual fees of \$230 for an individual and \$460 for a family. Retirees who choose to enroll in Tricare Prime at an MTF will receive care based on the same access-to-care standards as all other Prime beneficiaries.

Retirees who move to a location that is not near an MTF, or where Prime is not offered, may find Tricare Standard or Extra to be the best options. Tricare Standard is a flexible, affordable plan that gives beneficiaries and their eligible family members a greater choice of providers, no enrollment fees, waiver of cost shares for most preventive health care services, and the same low catastrophic cap as Tricare Prime. Tricare Extra offers even lower out of pocket expense if beneficiaries use network providers. Although there is no enrollment fee for Tricare Standard and Extra, a deductible of \$150 for individuals and \$300 for a family must be met before cost-sharing begins.

Under Tricare Standard and Extra, most beneficiaries retain the same access to pharmacy benefits through a local MTF or the Tricare Mail Order Pharmacy, as well the option to use the Tricare retail pharmacy network. Retirees may also be eligible for certain medical and pharmacy benefits from the Department of Veterans Affairs in addition to Tricare retiree health care benefits. If eligible, members can receive care under either program. For more information, go to <http://www.va.gov/health>.

The U.S. Family Health Plan (USFHP) is available in six areas of the country for those who enjoyed Tricare Prime while on active duty. Beneficiaries enrolled in USFHP may not receive care at an MTF or participate in Tricare pharmacy options, but pharmacy options are a part of USFHP. For more information about USFHP and locations where it is offered, go to <http://www.usfhp.com>. The Tricare Overseas Program (TOP) Standard option is available to retirees planning to live outside the United States. Retirees and family members must meet a deductible before cost-sharing begins and file their own claims for reimbursement for covered health services.

Tricare recommends beneficiaries consider all available options and plan well in advance to ensure a smooth transition post-retirement. When choosing Tricare Prime, be sure to have an enrollment package to the appropriate regional contractor by the 20th of the month before the retirement date or Prime coverage could be delayed. Always remember to update the Defense Enrollment Eligibility Reporting System (DEERS) with any new personal information, including a new address. Automatic coverage by Tricare Standard and Extra or TOP Standard occurs after retirement as long as DEERS information is current. It's easy to do online at <https://www.dmdc.osd.mil/app/bwe/>.

Learn more about retiree health care options, including the retiree dental program, online at <http://tricare.mil/mybenefit>, or visit a Tricare Service Center. Contact information and other beneficiary assistance locations can be found at <http://www.tricare.mil/contactus>.

Tricare Press Room Release, Dated December 22, 2009

COMMISSARIES RECALL YOGURT

Military commissaries have pulled two variations of Stonyfield Oikos Organic Greek Yogurt off the shelves because the products may contain an organism that could cause food-borne illness. The following UPCs of Stonyfield Oikos Organic Greek Yogurt have been removed: (1) Stonyfield Oikos Yogurt, Greek Plain Organic, UPC: 052159530500; and (2) Stonyfield Oikos Yogurt, Greek Vanilla Organic, UPC: 052159530510. People who have purchased either of the withdrawn items are advised not to eat the products. Commissary customers can return any recalled products to the place of purchase for a full refund. For more information, contact your local commissary.

Military.com News Article, Dated January 18, 2010

US KIDS IN SOUTH KOREA GETTING CHEM MASKS

Diapers? - Check. Sippy cup? - Check. Infant-child Chemical Agent Protection System? - Check. Yes, the continuing threat of attack from North Korea makes for some unique provisions U.S. servicemembers and their families must keep on hand when living in South Korea.

"It's just a matter of preparation," said Army Capt. Allan Garcia, the 2nd Infantry Division's chemical, biological, radiological, and nuclear operations officer. "You just never know what the capability ... is of North Korea." In hopes of making things a little easier in the event of a chemical attack, 2nd ID officials this month are requiring Soldiers with children living in South Korea to pick up new child-friendly protective masks. Garcia said the model being replaced was good only for children 3 and younger, and was "more like a plastic bag that you put your kids in." The new model for children 8 and younger "looks more like a space suit." The XM52 Joint Service Chemical Environment Survivability Mask will continue to serve adults and children as young as 9. Garcia said the new mask allows young children more room inside, a greater field of vision and even a built-in straw for drinking. "This is more comfortable for them," he said.

The new mask may still be a tough sell for the youngest of children. Garcia said his 4-year-old daughter, Danielle, initially balked when he asked her recently to try on the mask. "Then, as soon as she put it on and she feels the air flowing on her face, she wants to do it again," he said. "The next day, she was asking, 'When can I put that on again?'"

When the mask was demonstrated December 21 on Spc. Ione Barrera's 16-month-old daughter, Sariah, the child cried and fended off every attempt to place it over her head. Still, her mother said the new mask is an improvement. The old masks, Barrera said, "kind of creeped me out — it's like a plastic bag thrown over them. Now, they look like little astronaut suits, so I think it is a little more kid-friendly and doable. "I mean, it's a weird concept to think about your kids having to wear a protective mask, but at the same time you have to look at the bright side — you can tell them they're astronauts ... for that period. Try to flip it around and not make it scary for them."

In the event hostilities ever resume on the peninsula, the threat of a chemical or biological attack from the North is very real, according to experts on the subject. The Associated Press reported earlier this year that it is "widely believed the North has a chemical capability that it could unleash in the early stages of a land war to demoralize defending forces." A 2007 Popular Mechanics investigative report, quoting a variety of well-placed sources, said North Korea has built "one of the world's most extensive biochemical warfare programs." "The weaponry is thought to have the potential to decimate South Korea and the 28,500 U.S. troops stationed there," the report said.

Stars and Stripes News Article, Dated December 22, 2009

TRICARE DENTAL OFFERS OPTIONS TO REPAIR TOOTH LOSS

Tooth loss can be a difficult and sometimes embarrassing condition. Quality of life, confidence, or daily functioning can be affected by the loss of permanent teeth.

Tricare wants beneficiaries to know that conventional crown and bridge treatment and dentures aren't the only options to address tooth loss. Dental implants are an option for medically qualified candidates. A thorough dental evaluation is required to determine whether a patient is a good candidate for dental implants. Good candidates for a dental implant are non-smokers with healthy gums and adequate bone remaining in the area where the implant will be placed.

A dental implant is a replacement for the root portion of a natural tooth and is surgically placed in the upper or lower jaw, below the gum line. After a healing period, the implant supports a crown or bridge, or secures a denture firmly in place.

Beneficiaries considering dental implants should speak with their dentist about the total cost of the procedure to determine their out-of-pocket expenses. On average, dental implants cost approximately \$1,500 to \$3,500 per tooth replacement. Beneficiaries should plan ahead to properly budget their annual dental benefit.

To learn more about Tricare's dental benefits, visit <http://www.tricare.mil/dental>.

Tricare Press Room Release, Dated December 24, 2009

E-MAIL UPDATES DELIVER THE LATEST TRICARE NEWS AND BENEFITS

Nowadays there is a Web site for everyone and everything, and it can be difficult to keep up with all the information out there. Tricare beneficiaries can make staying current on their health benefits easy by signing up for e-mail updates and having the latest Tricare news and health information delivered straight to their e-mail inbox.

Subscribers can customize their account by choosing to receive as many or as few items as they like based on their beneficiary category or topics of interest. Subscribers can even decide when they would like to receive their e-mails. Facing an already-crowded inbox? Choose daily, weekly, or monthly digests instead of immediate notifications.

Creating an account is easy and secure. After entering their e-mail address at www.tricare.mil/subscriptions, beneficiaries can choose their beneficiary category and topics that appeal to them. After that, they'll receive the latest Tricare news releases, benefit changes, podcasts, healthy lifestyle tips, and pharmacy updates from Tricare Communications.

The subscription service also allows users to subscribe to other Military Health System Web sites and other health-related federal Web sites. Some of the Web sites currently available include those from the Centers for Disease Control and Prevention and Food and Drug Administration.

Tricare's e-mail updates are sent through GovDelivery, which also provides services to dozens of other Department of Defense and federal agencies as well as state and local governments. Visit www.tricare.mil/subscriptions to subscribe.

Tricare Press Room Release, Dated January 11, 2009

THREE VACCINES NOW AVAILABLE AT TRICARE NETWORK PHARMACIES

Tricare beneficiaries can now receive select vaccines with no out-of-pocket expense at retail pharmacies.

For the first time ever, beneficiaries can visit Tricare retail network pharmacies to receive seasonal flu, H1N1 flu, and pneumonia vaccines at no cost. This expanded coverage is available to all Tricare beneficiaries eligible to use the Tricare retail pharmacy benefit. Other vaccines must still be administered in a doctor's office or authorized convenience clinic to be fully covered by Tricare's preventive health services cost-share waiver.

"Vaccines are the most effective defense against the seasonal and H1N1 flu and pneumonia," said Rear Adm. Thomas McGinnis, Tricare's chief pharmacy officer. "We hope this new, convenient, and affordable option encourages Tricare beneficiaries to get their vaccinations."

To receive the vaccines, beneficiaries can call their local Tricare retail network pharmacy to make sure it participates in the vaccine program and has the vaccine in stock. To locate a participating retail network pharmacy, go to <http://www.express-scripts.com/TRICARE> or call Express Scripts at 877-363-1303.

Tricare Press Room Release, Dated December 29, 2009

TYLENOL ARTHRITIS PAIN RELIEVER RECALLED

A recall has been issued for Tylenol(r) Arthritis Pain Caplet 100-count bottles with the distinctive red EZ-Open cap because of consumer reports of nausea, stomach pain, vomiting, and diarrhea. The Defense Commissary Agency (DeCA) has removed several lot codes of Tylenol Arthritis 100-count EZ-Open cap from its shelves. A list of the lot numbers is available on the Commissaries.com website. People who have purchased the recalled product are advised to stop using it. Commissary customers can return any recalled products to the place of purchase for a full refund. For more information, visit the Tylenol website at <https://www.tylenol.com/page2>.

Military.com News Article, Dated January 11, 2010

VA ADMITS 'AGENT ORANGE' CAUSED UTAH MAN'S HEART DISEASE

Utah resident and Vietnam veteran Larry Kerr has waited 30 years for the U.S. Department of Veterans Affairs to admit a connection between his heart disease and a chemical used in that war called "Agent Orange." Now that it's happened, he says he's not sure he'll live long enough to fight for compensation.

Sgt. Larry Kerr spent 15 years in the U.S. Air Force, serving as a weapons specialist in the Vietnam War from 1966 to 1968. During that time, the U.S. military sprayed a blend of herbicides, code-named "Agent Orange," to kill the leaves from forest trees that hid enemy forces. That chemical dust caused various health conditions for the Vietnamese and American soldiers. "I told them way back then I think it's from all the chemicals I have," Kerr says. "I had rashes on my legs and arms and everything from that stuff for a long, long time; and I kept telling them, but, of course, I couldn't prove it." A journalist first met Larry Kerr at a hospital in 1981, after he had been diagnosed with cardiomyopathy. Military doctors were puzzled about his heart disease; it was extremely rare, located in the lower-left ventricle unlike other patients. "They come to me and they said, 'Sergeant Kerr, we don't know what's wrong with you. Your arteries are good.' But they could see something at the bottom of my heart," Kerr says.

"The classic diagnostic criteria for apical hypertrophy, the newly-reported disorder, was seen before, only in Japanese patients," Air Force Capt. Dr. Arthur Fokakis explained in 1981. "Immediately, I told him that, yes, I was stationed in Japan, in Okinawa, receiving all the weapons back that we didn't use, and things and equipment. And he thought, but he didn't want to say," Kerr says. Because of his heart disease, the Air Force retired Kerr. He says he and his family lived as paupers. He could not work because his medications caused side-effects. Nearly 30 years later, the Veterans Affairs has finally decided to connect B-cell leukemias, Parkinson's disease, and ischemic heart disease with Agent Orange exposure.

"What we're trying to do -- our illnesses are tied to Agent Orange -- is to get some of our retirement back," Kerry says. Kerr fought for his country. As a result, he says, the country owes him compensation. He's still fighting for that. Kerr says he anticipates a lengthy process as he requests disability compensation from the Department of Veterans Affairs. Currently, that department of the federal government has 400,000 cases backlogged.

NVOA News Article, Dated January 13, 2010

VA WILL WAIT TO RAISE DRUG COPAYMENTS

A \$1 increase in copayments for outpatient medications for veterans who do not qualify for free prescriptions is being delayed for six months while the Veterans Affairs Department reviews its options. Copayments are required for a 30-day supply of medication provided on an outpatient basis to people being treated for disabilities or conditions that are not related to military service. Copayments are not charged for veterans who have service-connected disabilities rated at 50 percent or more, regardless of whether they are being treated for a service-connected issue, and copayments are waived for some low-income veterans.

The current charge of \$8 was supposed to rise to \$9 on January 1 under regulations that call for prescription drug charges to keep pace with prescription drug charges in the private sector. But on December 31, VA officials announced in the Federal Register that they were delaying the increase until July 1 so they could reconsider how increases are calculated. This delays both the \$1 hike and a \$120 increase in the \$960 copayment cap on drug costs for veterans who have service-connected disabilities but are being treated for non-service-related medical issues. "We need time to determine whether an increase might pose a significant financial hardship for certain veterans and, if so, what alternative approach would be appropriate relief for these veterans," the statement says.

Created in 2002, the copayment cap began as a \$2 fee for a 30-day prescription but increased to \$7 in 2008 and to \$8 in 2009. Under VA rules, the drug copayment is supposed to increase each January 1 based on the increase in the prescription drug portion of the Medical Consumer Price Index, a measurement maintained by the Labor Department's Bureau of Labor Statistics. The drug index, known as CPO-P, called for an automatic \$1 increase that can be delayed under current law but still has to take effect at some point.

VA officials called their action a "temporary freeze," with the expectation that the increase will take effect this summer unless a new way of calculating and applying the copayment is found.

Military Times News Article, Dated January 4, 2010

TRICARE UNIVERSITY PROVIDES ONLINE BENEFIT EDUCATION

If you're new to the military and eager to learn about your health care benefits or an old hand who wants to know the latest changes, Tricare University is the place to go. Tricare University offers free online courses 24 hours a day, seven days a week, 365 days a year at www.tricare.mil/tricareu." The courses can be taken anytime and you can learn at your own pace," said Rear Adm. Christine Hunter, deputy director of the Tricare Management Activity. "It's the simplest way to learn about your Tricare benefit."

Three different online courses are available. Of these, the Tricare Public Course provides the quickest and easiest way to get a general overview and basic knowledge of Tricare programs. There is no registration for this course and it's accessible to anyone who wants to know more about Tricare. The Tricare Fundamentals Course is much more in-depth as it is primarily designed for Tricare benefit counselors and family support staff who provide counseling and assistance to Tricare beneficiaries. Topics covered include Tricare eligibility, Tricare programs and plans, and on-line resources. Registration is needed to take the course and "graduates" who pass the test at the end of the course receive a certificate from Tricare.

Members of the Selected Reserve who want to know more about Tricare Reserve Select (TRS) can hone their understanding through a Tricare University course devoted to this premium-based health care plan. Newly activated Guard and Reserve members might also find the Tricare public course helpful as it provides a convenient way to learn about their health care benefits while on active duty.

To take one of the offered courses, go to www.tricare.mil/tricareu and click "online training" for a list of options. The Tricare Public Course is also available through a separate tab on the TRICAREU page.

Tricare Press Room Release, Dated January 15, 2010

ESTIMATE YOUR DISABILITY RETIRED PAY

The Defense Finance and Accounting Service (DFAS) launched their new Medical Disability Retired Pay Estimator, an interactive online tool for medically retiring Wounded Warriors, available at the DFAS website at <http://www.dfas.mil/militarypay.woundedwarriorpay.html>. The user input driven tool helps medically retired servicemembers estimate their retired pay, Combat Related Special Compensation, and VA disability compensation.

Military.com News Article, Dated January 18, 2010

TRICARE CONTINUES TO OFFER SELECT OTC MEDICATIONS AT ZERO COPAY

Positive feedback and cost savings means Tricare's over-the-counter medication demonstration continues without co-payments. The demonstration allows Tricare beneficiaries to substitute over-the-counter versions for selected prescription drugs. Over-the-counter (OTC) medications available through the program include allergy medications cetirizine and loratadine, and heartburn medications (proton-pump inhibitors) Prilosec OTC and its generic form omeprazole.

The two-year OTC demonstration did not require a copay for covered OTC medications when it began at Tricare retail pharmacies in October 2007. When the demonstration was extended in November 2009, it coincided with the start of a new pharmacy contract. A \$3 co-pay was required until systems changes could be made and that work is now complete. "This is a very positive program and we're excited to return to a zero copay," said Rear Adm. Thomas McGinnis, chief of the Tricare Pharmaceutical Operations Directorate. "This is one way we are working hard to keep costs lower for our beneficiaries and for the Department of Defense."

OTC medications are generally less expensive than their prescription versions, by as much as 400 percent in some cases. To receive covered OTC medications with no out-of-pocket costs, beneficiaries still need a prescription from their health care provider specifically for the OTC drug. After submitting the prescription at any Tricare retail network pharmacy or the Tricare mail-order pharmacy, the prescription for the OTC medication is filled at no cost. For more information about the Tricare Pharmacy Program, go to <http://www.tricare.mil/pharmacy>.

Tricare Press Room Release, Dated December 28, 2009

VA TO STUDY WAR'S EFFECTS ON WOMEN VETERANS

For the next four years, the federal government will be paying closer attention to veterans like Ellen Glenn of Tucson, AZ. The retired Air Force nurse is one of thousands of military women who served overseas during the Vietnam War - a target group soon to be the focus of a \$5.6-million study by the U.S. Department of Veterans Affairs.

About 10,000 such veterans will receive phone calls and/or questionnaires - with results compared against their medical records - to help the agency assess the long-term effects their wartime service has had on their physical and emotional health. The results will be used to improve VA care for women who served in Vietnam and also to tailor research and services for female troops serving in current and future wars.

About 250,000 women served in the U.S. military during the Vietnam era. Only a fraction -less than 5 percent -were deployed overseas, where most worked as nurses, doctors, clerks, and administrative staffers.

"We've been kind of forgotten for a long time," said Glenn, 77, who spent a year at a U.S. military hospital in the Philippines treating hundreds of mortally wounded troops airlifted from combat zones in Vietnam. At the time, Glenn was in her early 30s with a decade of civilian nursing experience. She still wasn't prepared for what she would witness at war. "People with 80 percent of their bodies burned, with their stomachs torn open," she said. "We cried a lot. People think you get hardened to it, but we never did."

Glenn stayed in the Air Force for 20 years, retiring as a colonel in 1983. She considers herself lucky to have survived her war service without major physical or emotional scars, which wasn't the case for some of her peers. "I'm glad to see them (VA officials) coming around to recognize us," said Glenn. "If our experience can be used to help others, that would be wonderful."

The VA study will look at women who may have had direct or indirect exposure to traumatic events overseas. Researchers hope to reach both those receiving VA care, and those who get their health care elsewhere. Dr. Kathleen Gibson, chief of primary care for the Southern Arizona VA Health Care System, said the study shows the VA is trying to adapt and improve on past shortcomings.

The agency hasn't always paid enough attention to the health needs of women, but more has been done in recent years with new programs and services for female vets, she said. "The face of VA is changing," Gibson said. "It's not just for elderly men anymore."

Close to 1,000 women who served during the Vietnam era are enrolled for medical care at Tucson's VA hospital. Women make up the fastest growing segment of military veterans, according to the VA. They now represent 7.8 percent of the nation's 23 million veterans. That's expected to grow to 10.5 percent by 2020.

Military.com News Article, Dated December 28, 2009

EYE GLASSES FOR RETIREES

All retirees, even Tricare for Life recipients, may receive one pair of standard issue glasses each year from the Naval Ophthalmic Support and Training Activity (NOSTRA). Visit the NOSTRA website at <http://www.med.navy.mil> and select the "How to Order: Retirees" link for more information. Family members and surviving spouses are not entitled to NOSTRA support. Learn more about Tricare vision benefits at the Tricare portal at <http://www.tricare.mil/mybenefit>

Military.com News Article, Dated January 18, 2010

LETTER FOR KOREAN WAR VETERANS

South Korean President Lee Myung-bak will send a letter of appreciation to 100,000 foreign Korea War veterans next year on the occasion of the 60th anniversary of the outbreak of the Korean War. Lee's letter will be sent to Korean War veterans' associations of the 21 participating nations. The government is also preparing to hold war anniversary events in 20 nations. To learn more about the Korean War, visit the Center for the Study of the Korean War website at <http://www.koreanwarcenter.org/index.php>, the Korean War Documentary at <http://www.rt66.com/~korteng/SmallArms/>, and the Dwight D. Eisenhower Presidential Library's "Korea +50: No Longer Forgotten" at http://eisenhower.archives.gov/Research/Digital_Documents/korea/koreawar.html.

Military.com News Article, Dated December 21, 2009

2010 CALENDAR



FEBRUARY

- 1 National Freedom Day
- 2 Groundhog Day
- 9 UVC Meeting
- 12 Lincoln's Birthday
- 14 Valentine's Day
- 15 President's Day
- 22 Washington's Birthday
- 24 Membership Meeting

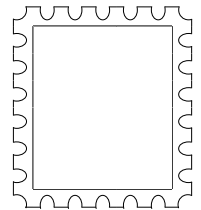
HAPPY ANNIVERSARY

- Feb 2, 1957 (53rd) Charles & Louise Malouff
- Feb 9, 1980 (30th) Earl & Gail Moses
- Feb 14, 1967 (43rd) Hank & Janice Kordek
- Feb 15, 1953 (57th) Lawrence & Jeanette Schlager
- Feb 19, 1951 (59th) John & Judy Smith
- Feb. 27 1982 (28th) Thomas & Cynthia Rochford

HAPPY BIRTHDAY

- 5 Norman Miller
- 6 Robert Wheeler
- 7 Cathy Gembczynski
- 7 Cliff Sonberg
- 10 Robert Boone
- 11 Lawrence Schlager
- 12 Christine Galloway
- 14 LeRoy Van Auken
- 17 Jackie Olsen
- 18 Helen Gordy
- 18 Val Washington
- 21 Bob Schwanke
- 22 Joyce Ross
- 25 Jim Westensee
- 26 Norris O'Cain
- 28 David Wagner

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RETURN SERVICE REQUESTED

