



The E-9ers

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Army
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Air Force
Marine Corps
Coast Guard

March 2010

Volume 13 Number 3

PRESIDENT'S COLUMN

E-9er's Membership:

Patty and I hope that everyone who attended the February social event — "Symphony of Love" — enjoyed the performance as much as we did participating in the concert.

We were glad to see a couple of retired MCPO's make it to the January meeting; long-time member Dave Jones from Kremmling, CO and Herman Darden who signed up to become an E-9er's member. It was also great to see that Vera Brantley was able to make the meeting.

I have received word that Walt Walko has been in and out of the hospital in his battle against cancer; let us all remember both Walt and Louise in our prayers and for their strength in battling Walt's cancer.

We are still trying to fill a couple of committee positions — they are the Directors of Socials and Services. Also, Hank Kordek has expressed his desire to hand over the duties as Editor of "E-9ers" newsletter. We are looking for volunteers.

I am looking forward to seeing you at the February meeting.

President,

Bob Lee

ONLINE SUPPORT FOR CAREGIVERS

The U.S. Government's Medicare website now has a webpage specifically for Caregivers. This webpage offers caregivers support resources such as help with billing, Medicare basics, and Care Options. It has a Spotlight on Caring section and specific caregiver topics are highlighted. For more information, visit the Medicare's Caregiver Information webpage at <http://www.medicare.gov/Caregivers/>.

Military.com News Article, Dated January 25, 2010

WELCOME ABOARD!

The following new members have recently joined our association. Please welcome them into our elite group of E-9ers and spouses:

George J. Sykora, SGM (USA, Ret)
Terri L. Zeiger-Sykora

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

March 24, 2010

11:00 a.m.

at

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

VIETNAM VETERANS LOBBY FOR A DAY OF HONOR

Some Vietnam War veterans are fighting for a day of their own. They have persuaded several state legislatures and dozens of cities to designate Vietnam Veterans Day, and are lobbying others for a symbol of the gratitude and respect they believe they were denied when they came home from an unpopular war. "We served with honor and we want people to know that," says Bill Albracht, 61, secretary of the Vietnam Veterans of America (VVA) chapter in the Quad Cities area of Iowa and Illinois. "We were ridiculed and defamed ... and we took it. Now we're trying to set the record straight."

The U.S. honors all of its war veterans on November 11. Several cities passed proclamations making March 30 Welcome Home Vietnam Veterans Day, and Albracht will ask the Rock Island County,(IL) Board for support. Some advocates say the last U.S. troops left Vietnam on March 30, 1973; others say the correct date is March 29 and support recognizing Vietnam War veterans on that day. Neither group is seeking a national holiday that gives federal workers the day off. "People really just want some recognition," says John Rowan, national VVA president.

In September, California Gov. Arnold Schwarzenegger signed legislation making March 30 Welcome Home Vietnam Veterans Day. "They're still a lost generation out there in many ways," says Assemblyman Paul Cook, a Republican and Vietnam War veteran. Jose Ramos, 60, a Vietnam veteran in Whittier, CA, helped lead the effort in his state. Working for appreciation for vets helps him cope with the war's still-vivid scars, he says. "I'm really proud, but my nightmares are my nightmares," he says. Dann Dunham, 60, a Vietnam veteran in Crossville, TN, who organizes efforts to commemorate Vietnam War vets on March 29, says at least eight states have passed proclamations and there are active campaigns in others.

Veterans in Ohio are working for passage of legislation there. "It doesn't cost anything, it's so simple — how could anyone be against it?" says Paul Hauke, 61, a Vietnam War veteran from Sandusky, OH. He travel to the state legislature in Columbus to make the case. Donald Lanthorn, with the Ohio American Legion, testified in a legislative committee against the proposed March 29 holiday there, in part because William Calley, the Army officer who led the 1968 My Lai massacre in Vietnam, was convicted on that date in 1971. "We're not convinced," Lanthorn says, that a separate day of recognition for Vietnam War vets is needed, but "we're not attempting to demean their service."

Diane Finnemann will mark the third Vietnam veterans observance in Minnesota in March, where her lobbying helped win passage in 2008. Her brother Wallace Schmidt, a Vietnam War vet who had post-traumatic stress disorder, committed suicide in 1972. "I feel," she says, "as though I have extended my brother's life's work."

Military Times News Article, Dated February 15, 2010

AF RETIREES ASKED TO VOLUNTEER

Volunteers are needed at more than 100 offices at active-duty, Reserve, and Guard bases worldwide. Retired military volunteers and their family members are needed in several areas, depending on the base. Retiree activities office volunteers help with several actions including: serving as an information center for space-available travel, Tricare and base services, offering referrals for financial assistance and pay matters, counseling active-duty Airmen nearing retirement, and providing literature on retirement issues. For more retiree activities office locations near you, visit the Retiree Activities Offices webpage at <http://www.retirees.af.mil/raos/>.

Military.com News Article, Dated December 21, 2009

NAVY ELIMINATES PAPER RECORDS

The Navy will eliminate the paper field service record (FSR) by September 30, 2010. Service record information will now be generated and maintained electronically through a secure Internet connection to the Navy Standard Integrated Personnel System (NSIPS) Electronic Service Record (ESR). All active duty and drilling Reserve Sailors can access their ESR by signing up for a self-service ESR account on the NSIPS webpage at <https://nsips.nmci.navy.mil/> using a Common Access Card (CAC)-enabled computer. A much smaller version of personnel documents, such as Record of Emergency Data, will still required to be maintained by the command to support associated programs.

Military.com News Article, Dated February 15, 2010

DRUGS BY MAIL SAVE U.S MILITARY HEALTH PLAN MILLIONS

Military retirees and families will save themselves some cash — and save the government a whole lot of money — by using their home delivery pharmacy benefit instead of filling prescriptions at Tricare retail outlets. Pharmacy officials are doing whatever they can to drive that message home to 7.5 million users of the military's triple-option drug plan.

Military pharmacy costs jumped 7.2 percent in 2009 to reach \$7.5 billion. That's a fivefold increase from 1999, when drug costs were \$1.3 billion. A lot of the growth is from expansion of drug benefits to older retirees in 2001. But pharmacy officials more recently blame the rising popularity of using retail outlets instead of mail-order or base pharmacies.

A prescription for a brand name drug filled at Rite Aid, CVS, or another commercial outlet costs about 35 percent more than do drugs dispensed on-base or through the military mail-order program. To slow rising pharmacy costs, officials have a host of new initiatives to make mail order more popular and accessible. The most recent is a name change to home delivery, which sounds more like a service, not a headache.

"We've heard from a lot of elderly beneficiaries that it's tough to get out sometimes, even to go downtown to the drug store to pick up their medication. So we're encouraging them to use home delivery," explained Rear Adm. Thomas McGinnis, chief of Tricare pharmaceutical operations.

Some of that is credited to the Member Choice Center, which began operating in 2007 and recently expanded its hours. Beneficiaries who have had prescriptions filled at retail outlets can call the Member Choice Center toll free at 877-363-1433 and ask to switch to home delivery. They also can make the switch online at www.express-scripts.com/TRICARE.

Here are other initiatives to spur home delivery:

- Automatic refills: Express Scripts offers a service that allows beneficiaries to get mail-order prescriptions refilled automatically. As the 90-day refill date nears, beneficiaries get an e-mail or phone call.
- Prescription renewal: By state law, prescriptions expire after a year and must be renewed. A renewal service is planned for home-delivery users.
- Rx transfer: Military pharmacy users already can call the AudioCARE refill system, punch in a prescription number, and select what outlet they wish to pick up their drugs. Soon, the first option they will hear will be to order home delivery.
- Prospective Rx payments: One reason for the migration to retail outlets is a shrinking inventory of drugs available on base. To encourage a bigger inventory at base pharmacies, Tricare will implement a prospective payment system that gives more money to base pharmacies that have more prescriptions filled on base. So hospital commanders no longer will need to worry about a budget pinch from pharmacies choosing to stock and dispense a larger assortment of drugs.

NVOA News Article, Dated February 14, 2010

NO CHANGE IN TRICARE CONTRACTORS

Six months ago, Tricare announced that support contractors that run Tricare 's North and South Regions had lost the competition for the next generation of contracts. In November, government auditors concluded that the winning bids for Tricare contracts were mishandled. Tricare officials have vowed to take "corrective action." Until then, the current Tricare contracts will be extended through at least March 31, 2011.

Military.com News Article, Dated January 25, 2010

TRICARE SOCIAL MEDIA

Tricare is taking the plunge into social media channels and networks like Twitter, Facebook, YouTube, and Flickr to uncover what issues matter most to its beneficiaries around the world. Tricare is already active on Twitter, Facebook, YouTube, and Flickr, and is getting ready to launch a new media center Web page in March, 2010. The media center will include Tricare news and links to Tricare's social media channels. It will also allow beneficiaries to "share" benefit information with their friends and families online. For more information, visit Tricare's Facebook page at www.facebook.com/TRICARE, or Twitter account at www.twitter.com/TRICARE.

Military.com News Article, Dated January 25, 2010

GROUP SAYS TRICARE PAYMENT CUT TO HURT CARE

If Congress doesn't intervene, a funding formula will trigger a 21 percent cut in reimbursements to doctors in the Medicare and Tricare programs on March 1, a group of national organizations warned January 21. That, the group said, will force doctors to drop out of the programs and make it tougher for elderly and military beneficiaries to get health care.

Representatives of the groups -- AARP, the American Medical Association, and the Military Officers Association of America -- appeared in a videoconference from five cities. Speaking at the Harbor's Edge retirement home, retired Navy Capt. Kathy Beasley said: "The last thing our troops in combat should have to worry about is whether a sick spouse or child can find a doctor to treat them." Beasley is deputy director of government relations for the military officers association. For about a decade, reimbursements in Medicare and Tricare have been governed by the Sustainable Growth Rate formula, which cuts payments when the economy contracts. Congress usually has stepped in to make up the difference when payment rates are set to drop.

The groups said Washington needs to devise a permanent fix, though they didn't offer a specific alternative. "Congress has decided the formula," said Dr. Nancy Nielsen, a past president of the American Medical Association. "Congress has to fix the problem." The issue is separate from, but related to, the health-care reform bill in Washington, said Nielsen, who spoke in Washington. "People need the assurance that they can see a doctor of their choice," she said.

Officials of AARP and the American Medical Association said they remain supportive of health care reform legislation. The military officers association has not taken a position on the bills, but is monitoring issues that would affect its members, Beasley said. Bobbi Andrews, a Harbor's Edge resident who attended the videoconference, wasn't convinced. Health care professionals, like everyone else, should be expected to cut back, she said. "The hospitals and physicians are all making too much money." Another resident, retired Navy Capt. James Van Pelt, said he wasn't well-versed with payment rates. But he's noticed that "doctors are spending less time with their patients and a lot of money on clerical help."

Military.com News Article, Dated January 22, 2010

MYPAY SUPPORT PROBLEMS STILL PLAGUE DFAS

People are still having trouble reaching the Defense Finance and Accounting Service (DFAS) about myPay issues, said Richard "Gus" Gustafson, principal deputy director of DFAS. "We're having a number of dropped calls, simply because the system cannot take them all," said Gustafson.

DFAS is also looking into whether myPay users with a "comcast.net" e-mail address may be having problems getting e-mail from DFAS, he said. In December, a "security enhancement" required myPay users to change their user names and passwords. While 71 percent of myPay users have made the switch successfully, about 1.2 million myPay users still need to do so, according to DFAS. The DFAS call center is now getting between 9,000 and 11,000 calls per day, compared with a normal call volume of 400 to 450 calls per day, DFAS officials said. The spike is attributed to the myPay security change, but average waiting times have dropped dramatically from about 14 minutes per call to about five minutes, Gustafson said.

Initially, all the calls went to the Cleveland call center, but now they are also being routed to call centers in Columbus, OH, and Indianapolis, IN, Gustafson said. DFAS has also added 71 agents to handle calls, said DFAS spokesman Tom LaRock. When a Stars and Stripes reporter tried calling the DFAS call center, he was able to reach a live person once, but on the second time, he got an automated response telling him to call back.

Gustafson could not say how long it might take to eliminate dropped calls completely, but he noted that more people are successfully changing their usernames and passwords. So far, 86 percent of all civilians who use myPay and 78 percent of active-duty, Reserve, and National Guard servicemembers have been able to change their user names and passwords, according to DFAS. About 47 percent of retirees and 21 percent of annuitants and former spouses have made the change, according to DFAS. Gustafson predicted that it will be the last myPay users to make the switch who prove the hardest to help. "For example, I wouldn't be surprised if there is a customer out there right now that has just kind of given up on the process. ... I need to get that person back," he said.

Stars & Stripes News Article, Dated January 27, 2010

GATES: NO TRICARE HIKE IN 2011

Tricare recipients will see no increase in their premiums next year, if Congress approves that provision of the fiscal 2011 defense budget request, as expected. However, Defense Secretary Robert M. Gates told reporters he wants to work with Congress to find ways to help control escalating military health-care costs that are consuming an ever-increasing chunk of the budget.

Noting the skyrocketing costs of the military health-care system from \$19 billion in 2001 to \$50.7 billion in the fiscal 2011 budget request, Gates questioned during a February 2 Pentagon briefing how sustainable the program can remain without cost controls or higher premiums. "It's only going to go up," he said, with Military Health System officials estimating 5 to 7 percent annual cost increases through fiscal 2015. "And it is absorbing an increasing percentage of our budget." Officials predict that the program will grow from 6 percent of the defense budget to more than 10 percent by fiscal 2015.

"We absolutely want to take care of our men and women in uniform and our retirees," Gates said, "But at some point, there has to be some reasonable tradeoff between reasonable cost increases or premium increases or co-pays or something and the cost of the program." There's been no Tricare premium increase since the program was founded in 1995, Gates said, noting that Congress has rejected recent Pentagon proposals for "very modest" increases. Expecting the same action this year, the Defense Department recommended no increase this year, he said.

"I ask anybody to point me to a health insurance program that has not had a premium increase in 15 years," Gates said. Tricare benefits, he said, are "generous, as they should be for our men and women in uniform." But Gates compared the \$1,200 average out-of-pocket costs for a family of three under Tricare to about \$3,300 for the same family under a health maintenance organization plan in the Federal Employees Health Care Program. "We see a lot of people coming back into Tricare because the benefits are so good and the costs are so low," he said

The Military Health System has 9.5 million eligible beneficiaries, including active-duty military members and their families, military retirees and their families, dependent survivors, and certain eligible reserve-component members and their families. Military Health System officials expect more eligible beneficiaries to continue returning to the Tricare system as costs of programs offered through their employers or spouses continue to increase.

The General Accountability Office recently found that more than 85 percent of retirees ages 45 to 49 and half of retirees between ages 60 and 64 had access to other group health insurance, but chose Tricare instead. As Tricare usage increases, so does the number of health-care visits that beneficiaries make, officials noted. Between fiscal 2005 and fiscal 2008, the average number of outpatient visits per enrollee increased from 8.7 to 9.97. Pharmacy use increased 5.5 percent over the timeframe.

Military.com News Article, Dated February 3, 2010

LOWE'S MILITARY DISCOUNT NOW YEAR-ROUND

Most members of the military community no longer will have to wait for a special holiday discount to buy shovels, paint, and other home improvement needs. Home improvement retailer Lowe's has expanded its 10 percent military discount to all day, everyday, for active-duty, National Guard and reserve, retiree, and disabled service members, and their families, company officials announced February 10.

Those who want to receive the discount must present a valid military ID card. All other military veterans will receive the 10 percent discount on the holiday weekends of Memorial Day, Fourth of July, and Veterans Day. The discount is available on in-stock and special-order purchases of up to \$5,000. It cannot be used on sales at Lowes.com, on previous sales, or on sales of services or gift cards.

"Lowe's was founded on the heels of World War II by veterans Jim Lowe and Carl Buchan and has always been a supporter of the military," said Larry D. Stone, Lowe's president and chief operating officer, in a statement announcing the new policy. "The year-round discount program is one way we are reaffirming our commitment to the thousands of men and women who are serving throughout the world, as well as their family members at home."

NVOA News Article, Dated February 11, 2010

NEW TRICARE STANDARD HANDBOOK – GET E-VERSION NOW

Hot off the press and filled with helpful tips and information, the newest Tricare Standard and Extra handbook is now available to all Tricare Standard beneficiaries. The 68-page handbook includes information on accessing routine, urgent and emergency care, as well as Tricare's prior authorization and referral requirements. Also provided are sections on what's covered by Tricare Standard's health and pharmacy benefits, and how to coordinate Tricare with other health insurance. Information on claims, appeals, grievances, reporting fraud and abuse, and much more can also be found in the new Tricare Standard handbook.

Tricare Standard and Extra are available to family members of active duty service members, retired service members and their families, and others, including those who purchase Tricare Reserve Select. With Tricare Standard, beneficiaries manage their own health care and have the freedom to seek care from any Tricare -authorized provider. Tricare Extra provides discounted cost-shares for seeking care from network providers. The "Tricare Standard Handbook: Your Guide to Using Tricare Standard and Tricare Extra" is available now on the Tricare Smart Site at <http://www.tricare.mil/standardhandbook>. Tricare Standard beneficiaries can expect to see the annual Tricare Standard Health Matters newsletter, containing the latest updates and information about their benefits, in their mailbox in March, 2010.

Receiving the newsletters from Tricare is one more reason to keep personal information current in the Defense Enrollment Eligibility Reporting System (DEERS). Along with address or phone number changes, both active duty and retired beneficiaries should update their DEERS entry with any changes to their families (birth, adoption, or death), changes in sponsor status, marriage, divorce, or when they become eligible for Medicare. For more information about DEERS visit www.tricare.mil/deers.

To download, view or print any Tricare benefit information product on the Web, visit www.tricare.mil/tricaresmart. Tricare beneficiaries can make staying current on their health benefits easy by signing up for e-mail updates to have the latest Tricare news delivered straight to their e-mail inbox. Visit www.tricare.mil/subscriptions to sign up for Tricare e-mail updates.

Tricare Press Room Release, Dated January 29, 2010

\$60B VA BUDGET INCLUDES GOALS FOR BETTER CARE

The Obama administration is setting some ambitious goals for veterans programs as it releases its budget request for fiscal 2011. The new budget calls for a \$60.3 billion Veterans Affairs Department budget plus \$50.6 billion in advance funding for VA health care programs in 2012. The \$60.3 billion, which does not include funding for veterans benefits, would be up from \$56.1 billion in the 2010 budget. White House officials said the \$60.3 billion would represent a 20 percent total increase in veterans programs since 2009.

Some of the goals outlined in the budget documents:

- By June 2012, VA will reduce the homeless veterans population to 59,000.
- By December 2010, VA will deploy an automated GI Bill claims processing system that, by the end of 2011, will reduce the number of days to process a benefits claim to 18. It took an average of 47 days to process claims last fall. The 2011 budget request contains more than \$200 million to improve accuracy and timeliness of benefits claims.
- By the end of 2010, 97 percent of VA patients will be screened at regular intervals for alcohol abuse and 96 percent will be screened for depression.
- By the end of 2011, 96 percent of mental health patients will get a mental health evaluation within 15 days of asking, and 97 percent of eligible patients will be screened for post-traumatic stress. The budget requests \$5.2 billion for specialized care of veterans with post-traumatic stress, traumatic brain injuries, and other mental health conditions.
- By 2012, an electronic medical and benefits record system, combining military and VA information, will be available for new veterans. The budget request includes \$52 million to implement the system, called the Virtual Lifetime Electronic Record.
- By 2013, more than 500,000 moderate-income veterans will be enrolled in the VA health care system.

Military Times News Article, Dated February 2, 2010

PREVENTIVE SERVICES COME STANDARD WITH TRICARE

Maintaining good health is just as important as seeking treatment for an illness. When TricareSM Standard beneficiaries practice healthy habits and use preventive medical services, these can add to their apple-a-day to keep the doctor away. In September 2009, to increase access and lower the cost of preventive medical services for Standard beneficiaries, TricareSM eliminated the cost shares for several preventive medical services including some cancer screenings, immunizations, and well-child care. Because the early discovery and treatment of disease usually leads to better health outcomes, beneficiaries are always encouraged to discuss their individual and family medical histories and concerns about preventive screening with their health care providers.

The screenings that follow are available to TricareSM Standard beneficiaries without cost shares.

- **Prostate cancer screening:** Men 50 and older should get annual prostate exams and prostate specific antigen (PSA) tests. Men in their 40s are advised to have annual prostate exams and PSA tests if they have a family history of prostate cancer.
- **Breast cancer screening:** TricareSM covers annual mammograms and breast exams for women over 40. Women younger than 40, but with risk factors for breast cancer, should ask their health care provider when they should have a mammogram and physical exam and how often.
- **Cervical cancer screening:** Cervical cancer-screening Pap tests, along with pelvic exams, are recommended at least every three years for women 18 years of age and older, those who are at risk for sexually transmitted diseases, or who smoke cigarettes.
- **Colorectal cancer screening:** TricareSM covers colon exams for beneficiaries 40 years and older. Beneficiaries 50 and older should have annual fecal occult blood testing, a proctosigmoidoscopy or sigmoidoscopy every three to five years, and colonoscopy every 10 years. Beneficiaries as young as 25 with a higher risk of colorectal cancer – for example, those with a close relative who had the disease – should talk to their doctor about earlier screenings.
- **Well-child care:** It's important to get children in the preventive care habit, and with Tricare'sSM well-child benefit, children up to age 6 are covered for routine care. These well-child checks include comprehensive health promotion and disease prevention exams, immunizations, and developmental and behavioral appraisals. Tricare'sSM well-child care also covers eye and vision screenings at birth and 6 months, and two eye exams between the ages of 3 and 6.
- **Immunizations:** TricareSM beneficiaries are covered for all immunizations recommended by the Centers for Disease Control and Prevention. This includes routine immunizations such as measles-mumps-rubella, diphtheria-pertussis-tuberculosis, chicken pox (varicella), flu, H1N1, and the more specialized immunizations for shingles or human papillomavirus (HPV).

Normally, the immunizations must be administered in the office of an authorized network provider, however there are some exceptions. TricareSM covers seasonal flu, H1N1 flu, and pneumonia vaccines from non-network authorized providers and participating retail network pharmacies with no out-of-pocket expense to the beneficiary. This expanded coverage is available to all TRICARESM beneficiaries eligible to use the TricareSM retail pharmacy benefit.

To receive the seasonal flu, H1N1 flu, or pneumonia vaccines, beneficiaries can call their local TricareSM 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 Article, Dated February 4, 2010

LEGION OFFERS VETERANS BENEFITS CALCULATOR

The American Legion has launched a new online tool, The American Legion Veterans Benefits Calculator, which gives veterans and their families a simple questionnaire and easy access to service officers who can help them with their claims. Answer a few questions about your military service at the online calculator. Once finished, the module lists possible benefits, including contact information for department service officers (DSOs) who can assist you. You can then contact a department service officer (DSO) for more individualized information. You can also find a DSO on the American Legion website at <http://www.legion.org/departmentofficers>.

Military.com News Article, Dated January 25, 2010

2010
CALENDAR



MARCH

- 1 Asiatic Fleet Memorial Day
- 9 UVC Meeting
- 14 Daylight Saving Time Begins
- 17 St. Patrick's Day
- 20 First Day of Spring
- 24 Membership Meeting

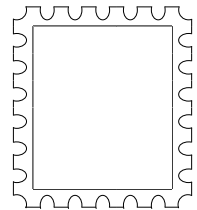
HAPPY ANNIVERSARY

- Mar 1, 1974 (36th) James & Mary Boyle
- Mar 3, 1956 (54th) Thaddeus & Cathy Gembczynski
- Mar 8, 1968 (42nd) David & Lynne Wagner
- Mar 9, 1973, (37th) Bennie & Ann Ellington
- Mar 13, 2003 (7th) Gene & Cathy Tomczak
- Mar 14, 1970 (40th) Tom & Sandra Keller
- Mar 15, 1952 (58th) Wally & Delores Reid
- Mar 21, 1979 (31st) Stanley & Christine Galloway
- Mar 22, 1946 (64th) Jones & Lillian Pierce
- Mar 24, 2001 (9th) John & Ruth Spaar
- Mar 27, 1967 (43rd) Bill & Sue Wells
- Mar 28, 1954 (56th) Donald & Arvilla Cole

HAPPY BIRTHDAY

- 1 Kenneth Giese
- 1 Lewis Winningham
- 4 Robert Abshire
- 5 Larry Mitchell
- 7 Earl Moses
- 13 OWayne Ortiz
- 16 Rosemary Samson
- 19 Cheryl Lutz
- 19 Rubylee York
- 21 Carla Gerle
- 23 Suzanne Hegwood
- 24 Wally Moll
- 25 Genaro Salazar
- 26 Walter Dick
- 28 Toshi Sherburne
- 28 Joseph Sykora
- 30 Max McIlrath

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RETURN SERVICE REQUESTED

