Congratulations to all those who have still not broken their New Year’s resolutions! For others who have already fallen victim to a lesser resolve, like the Chicago Cubs before 2016, there’s always next year.

In the continuing saga of the construction of a new VA hospital in Aurora, CO, the dim light at the end of the tunnel is becoming brighter. At the United Veterans Committee meeting on 10 January 2017, Sallie Houser-Hanfelder, the VA’s Director of the Eastern Colorado Health Care System, briefed on the status of construction (“Project Eagle”), which is 84% complete. Spring of 2018 is the latest projected date for full operation of diagnostics and inpatient care facilities. However, she anticipates that outpatient clinics could be open as early as September 2017. Equipment installation and hiring of health-care professionals are ongoing. Top priority is access, a big problem and major source of frustration for patients using existing VA health care facilities. Goals are ambitious, including keeping waiting lists down and providing same-day access in some cases. Primary care and mental health departments are being reorganized for optimal capability in identifying specific needs, including a PTSD treatment facility.

Our membership continues to hold steady around 300 and Jack Hunter, our membership director, is on top of things with renewals and signing up new members.

Our newsletter editor, Andy Grieb, strives to find articles that are informative and interesting to our members and we would like your suggestions on future articles.

Many thanks for your membership and participation in the E-9ers Association.
GUARD, RESERVE RETIREES TO RECEIVE VET STATUS

Military.com | Week of January 09, 2017

A recently signed law gives official veteran status to National Guard members who served 20 years or more. Previously, Guard members were considered veterans only if they served 180 days or more in a federal status outside of training. Also, anyone eligible for reserve component retirement benefits is considered a veteran. The change in status, however, does not entitle Guard members to any additional retirement benefits. Read more on Military.com.

“**In 2017, income tax refunds may take longer to reach some taxpayers than in previous years.**”

TAX REFUNDS MAY COME LATE THIS YEAR

Military.com | Week of January 09, 2017

In 2017, income tax refunds may take longer to reach some taxpayers than in previous years. The Protecting Americans from Tax Hikes (PATH) Act, signed into law in December 2015, requires the IRS to hold tax refunds for people claiming Earned Income Tax Credit and Additional Child Tax Credit until at least Feb. 15, 2017. Also, new identity theft and refund fraud safeguards by both the IRS and individual states mean some tax returns and refunds may face additional review. After Feb. 15, most refunds will be issued within the normal timeframe: less than 21 days after being accepted for processing by the IRS. The "Where's My Refund?" tool on IRS.gov and the IRS2Go phone app remain the best ways to check the status of a refund.
VA BURN PIT REGISTRY

Military.com | Week of January 09, 2017
The Department of Veterans Affairs (VA) launched the Airborne Hazards and Open Burn Pit Registry in June 2014 to better understand the long-term health effects of exposure to burn pits and other airborne hazards during deployment. The number of new participants in this registry will soon reach 100,000. An estimated 3 million Veterans and service members are eligible to join the registry. Veterans and service members who served in the Southwest Asia theater of operations after August 2, 1990, or in Afghanistan or Djibouti, Africa, after September 11, 2001 are eligible to participate in the registry. Participants complete a survey. To join the registry, visit the VA Airborne Hazards and Open Burn Pit Registry webpage. For more information, read the VA VAntage Point Blog and visit the VA Public Health website.

“Much of NCRAR's research focuses on tinnitus, commonly called ringing in the ears.”

VA CONDUCTS HEARING LOSS RESEARCH

Military.com | Week of January 09, 2017
The Department of Veterans Affairs (VA's) National Center for Rehabilitative Auditory Research (NCRAR) conducts research into hearing and vestibular issues (balance and orientation problems). NCRAR researchers also train and mentor new scientists, disseminate information to clinicians who assess and treat veterans, and provide educational resources to veterans and community members. Much of NCRAR's research focuses on tinnitus, commonly called ringing in the ears. Also, NCRAR examines types and causes of hearing difficulties in veterans, including age-related hearing loss, ototoxicity (hearing loss caused by medication), and sensory processing problems resulting from blast exposure. For more information, read the VA VAntage Point Blog.
WORK RESUMES AT COLORADO PLANT DESTROYING CHEMICAL WEAPONS

Associated Press | Jan 10, 2017
PUEBLO, Colo. — The Army has resumed the destruction of chemical weapons at a plant in Colorado after fixing a leak that caused a hazardous waste spill.

Officials say the Pueblo Chemical Depot destruction plant began operating again Monday. The depot is destroying shells containing mustard agent under an international treaty. Officials say the November spill released a byproduct of the destruction process but didn’t include any mustard agent.

Separately, officials are investigating how rainwater leaked through a liner in another area at the plant three days after the spill. The area was not in use at the time.

The plant is destroying about 780,000 shells filled with 2,600 tons of mustard agent. The work is expected to take until 2020.

Mustard agent kills or maims by blistering skin, scarring eyes and inflaming airways.

NEW DOD RECORDS CORRECTION OUTREACH EFFORT

Military.com | Week of January 09, 2017 | Edited by Andrew Grieb
The Department of Defense (DoD) is encouraging all veterans, if the discharge was more than 15 years ago, who desire a correction to their service record or who believe their discharge was unjust, erroneous, or warrants an upgrade to apply for review.

For more information contact the Department of Defense or your Veterans Service Organizations. The DAV, American Legion, VFW and others all have Service Officers who can assist you with the necessary paperwork.

TAX FAIRNESS ACT TO REIMBURSE VETERANS

Military.com | Week of January 09, 2017
For several decades, the government knowingly and wrongfully taxed the severance packages of many veterans who suffered service-ending combat disabilities. The total amount taken from around 14,000 veterans is estimated to be about $78 million. Both houses of Congress unanimously passed H.R. 5015, the Combat-Injured Veterans Tax Fairness Act of 2016. Once the bill is signed into law, the veterans will be allowed to file an amended tax return to get their money. The bill will also keep this from happening in the future. For more information, read the bill on the Congress.gov website.
AVALANCHE OF ENACTED TRICARE CHANGES POSES CHALLENGES

POSTED BY: TOM PHILPOTT JANUARY 5, 2017

Military Update: The National Defense Authorization Act (S 2943) signed into law Dec. 23 orders an avalanche of changes to the TRICARE healthcare benefit used by service members, retirees and their families. It also makes sweeping reforms to how the military direct-care system is organized and operates.

The sheer number of changes and additional studies being mandated, filling 40 sections and 150 pages of the Act, is more impressive than any short list of highlights we might be able to review here. “There’s a lot of good stuff in there. There’s a lot of stuff we’re still puzzling over,” said Dr. Karen S. Guice, acting assistant secretary of defense for health affairs. She will serve in that post only two more weeks, until the Trump administration assumes responsibility for the $50-billion-a-year military healthcare system and a beneficiary population of 9.6 million.

“The authorization act for fiscal 2017 “is full of ideas, concepts and new things for us to tackle,” said Guice in a phone interview. She added that it contains “a remarkable series of provisions that set forth some challenges [and] provides us with new authorities that we’re greatly looking forward to.”

But Guice emphasized many new provisions to modernize TRICARE and improve access will only accelerate reforms that the department already has been piloting or planning to adopt, though perhaps not at the speed Congress desired. The department’s guide has been recommendations of the 2014 Military Healthcare System Review, which then-Defense Secretary Chuck Hagel ordered to take a hard look at performance and outcomes at military facilities and through civilian purchased care networks, Guice said.

Beneficiaries have started to see the fruits of that effort in greater access to care and a nurse advice line. They will see more when the new generation of TRICARE purchased care contracts takes effect this year, and also with gradual rollout of MHS Genesis, the new electronic health records system. All this before many of the new defense bill initiatives kick in for 2018 and years beyond. Associations advocating for beneficiaries wonder how many changes the health system can implement before chaos rules.

Guice doesn’t sound worried for the staff she’s leaving behind. “We have a lot of very experienced, motivated people who just like to tackle challenges,” she said. “Also, we are looking at this across the enterprise so it’s the Army, Navy, Air Force all coming together about how we actually do this.”

The Senate version of the defense bill had called for dismantling the medical headquarters of the Army, Navy and Air Force surgeons general. The enacted law is a compromise that directs a shift of key management functions done by the services to the Defense Health Agency, leaving the surgeons general to recruit, educate and train their military and civilian health care providers and to advise DHA on medical readiness issues.

“That’s an interesting construct,” said Guice. “And we’re kind of figuring out how best to optimize what Congress is intending to achieve.” Congress staggered deadlines in the law across a span of years. “They knew there was a lot of work here and allowed flexibility by pushing out some timelines or saying do this work and then the timeline kicks in,” Guice said. “I think they want us to take our time and get it right.”

There are gems in the law for families seeking more timely care.

(Continued on page 6)
TRICARE CHANGES

(Continued from page 5)

One provision ends a requirement that TRICARE Prime users get referrals from primary care providers before using a neighborhood urgent care facility. Another provision mandates that military treatment facilities with urgent care clinics keep them open daily until at least 11 p.m.

Those “are both wins for families,” said Brooke Goldberg, deputy director of government relations for family issues at Military Officers Association of America. Other law highlights she noted require:

— Adoption of a standardized appointment scheduling system across all of military healthcare and also first-call resolution of appointments.
— New TRICARE contracts incentives to improve beneficiary access, care outcomes and enhanced beneficiary experiences.
— Adoption of new productivity standards for care providers in military treatment facilities, which should mean more on-base appointments.
— Military providers’ performance reports to include measures of accountability for patient access, quality of care, outcomes and safety.

Military families will be eligible by 2018 to buy vision coverage through federal employee health programs, explained Karen Ruediseuli, government relations deputy director for National Military Family Association. Retirees and dependents will be eligible for both dental and vision programs.

Some changes touted by Congress as not quite what they seem. For example, the planned narrowing of three insurance options – TRICARE Prime, Standard and Extra – down to two, with Prime still providing managed care and TRICARE “Select” offering a preferred provider network, is largely a name change push by DoD. Goldberg said it could even be “transparent to families who really don’t know the nuances of Standard vs. Extra.”

Many beneficiaries, she added, “just know they have to pay more if they see one [civilian] provider over another. Many have been using Extra, calling it Standard and not realizing it.”

Still to be determined “is what the preferred-provider network will look like and will families be able to easily discern which services will result in higher costs? And will they have access to providers who are low-cost?”

For example, current TRICARE provider networks include those who participate in Prime and agree to take a discount from the normal Medicare-based payment. But many providers willing to see Standard patients for its allowable fee will not see Prime patients with its lower fee.

“Will those providers be considered preferred providers under TRICARE Select, or will the Select network only include those who participate as part of the Prime network? If the former is true, then the transition likely will be smooth. If the latter is true, many more people could be hit with out-of-network charges, to the extent they aren’t grandfathered,” said Goldberg.

Adding some confusion is language that grandfathers current generations of military families and retirees from a new schedule of higher fees to hit those who enter service on or after Jan 1, 2018. But the law will require current beneficiaries to enroll in Select, as they do with Prime, and enrollment will carry a fee for retirees under age 65, beginning in 2020, if a government audit confirms improvements in quality care and patient access.

Guice took exception to one senator’s characterization of the new law as a “first step in the evolution” of military healthcare from “an under-performing, disjointed health system into a high-performing, integrated” one.

She noted a recent National Academy of Medicine study on military trauma care that found that over a decade of war the U.S. military had made unprecedented gains in survivability rates from battlefield wounds.

“I don’t think that’s reflective of an underperforming system at all,” Guice said. “The people who created that learning system of care are the same people who provide the in-garrison care. That is evidence we really do value constant performance improvement.”
DOUBLE FUNERAL AT AIR FORCE ACADEMY FOR MUCH-ALIKE FATHER AND SON

The Gazette (Colorado Springs, Colo.) | Jan 13, 2017 | by TOM ROEDER
Cadet Timothy Barber and his father Greg shared an infectious smile, buoyant optimism, dedication to service and love of flight. Eulogists at a Thursday Air Force Academy funeral for the father and son say their similarities made the double blow of their deaths in a Dec. 31 plane crash in Texas even harder to take.

“Our hearts are simply broken by the tragedy of this loss,” Col. Tom Yoder told mourners gathered in the academy’s Cadet Chapel to remember the pair.

Timothy Barber, 18, had started at the Air Force Academy last summer as a freshman looking to follow in his father’s footsteps. Greg Barber, 55, a retired Air Force lieutenant colonel, was a beloved aviator known as much for his ability to inspire others as his skill in the cockpit. They were buried side-by-side in the academy’s cemetery.

Yoder, an Air Force Academy professor who flew with the father and hoped to mentor the son, said the younger Barber exuded the same charm as his dad.

“There are so many striking dimensions,” Yoder said.

In basic cadet training last summer, cadet Barber earned a reputation for helping his classmates through hard times.

“When someone has your back and is there for you, it means everything,” explained fellow freshman cadet Kayla St. Pierre. “I am extremely grateful to have been his squadron-mate and his friend.”

Greg Barber, who picked up the callsign “Spanky” in his Air Force days, was remembered as an elite pilot who flew the U-2 spy plane and B-52 bomber. He was also known as a dedicated, church-going parent and devoted Boy Scout leader.

“Spanky was without exception the kindest, happiest, most serving man,” Yoder said.

On New Year’s Eve, Greg and Timothy Barber took off from an airport in McKinney, Texas, north of Dallas. Their plane was hit by another aircraft, flown by Robert Navar of Frisco, Texas, which was approaching the airport. All three died.

The National Transportation Safety Board is investigating the crash. The incident led to the first double-funeral and burial at the academy in recent memory. Mandy Barber, wife of Greg and mother of Timothy, was at the head of a crowd of mourners that included two surviving sons and their daughter.

“Almighty God, I ask for a double portion of your strength,” chaplain Lt. Col. Michael Newton prayed after the two flag-draped coffins were carried into the Cadet Chapel at the academy.

Cadet Barber’s squadron stood in stiff formation at a later graveside service. A formation of T-38 training jets like the ones Lt. Col. Barber flew roared over the ceremony.

Two flags were folded and clutched by Mandy Barber as a chilling wind blew. The tears and the sadness were in contrast to the lives of the father and son, Yoder said.

“Greg and Tim always lived in a bright burn of joy,” he said.
### February - Happy Anniversary

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### February - Happy Birthday

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