



Idaho Division of
**VETERANS
SERVICES**

*Caring for
America's
Heroes*

BULLETIN

**July
2019**

STATE OF IDAHO

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GOVERNOR**

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**To be connected with a VA suicide prevention and mental health professional,
call the toll-free National Suicide Prevention hotline and indicate you are a veteran.
(800) 273-8255**

ALL EMPLOYMENT ACTIVITIES AND SERVICES ARE ADMINISTERED IN A NONDISCRIMINATORY
MANNER IN CONFORMANCE WITH FEDERAL AND STATE EEO AND CIVIL RIGHTS LAWS



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**If you've not already done so, please volunteer to receive the bulletin via email
by emailing Jennel Binsky at
jennel.binsky@veterans.idaho.gov**



Average drive time to a specific VA medical facility:

- 30-minute average drive time for primary care, mental health, and non-institutional extended care services (including adult day health care)
- 60-minute average drive time for specialty care

Appointment wait time at a specific VA medical facility:

- 20 days for primary care, mental health care, and non-institutional extended care services, unless the Veteran agrees to a later date in consultation with their VA health care provider.
- 28 days for specialty care from the date of request, unless the veteran agrees to a later date in consultation with their VA health care provider.

5. The veteran and their referring clinician agree it is in the veteran’s best medical interest to be referred to a community provider.

6. The veteran needs care from a VA medical service line the VA determines is not providing care that complies with the VA’s quality standards.

The new eligibility criteria for community care will go into effect when the regulations are published and effective, expected June 6, 2019. The Veteran’s VA provider and VA medical facility staff members will work with the veteran to determine if they are eligible under the new criteria. Community care generally must be authorized in advance by the VA before a veteran can receive care from a community provider. The VA has proposed an exception to this when a veteran receives emergency care from an in-network entity or provider and the VA is notified within 72 hours, if certain additional conditions are met. The requirement for care to be authorized in advance by the VA does not apply to the urgent care/walk-in care benefit the VA is establishing. Community care appointments will be scheduled directly by VA staff as the VA implements its new Community Care Network (CCN) or, in some instances, veterans will continue to be able to schedule their own appointments. If a veteran is eligible for community care, they will be able to receive care from a community provider who is part of the VA network that is accessible to them.

There are no changes to how prescriptions are processed for veterans receiving community care. As part of an authorized visit with a community provider, veterans will be able to get a short-term, urgent prescription medication in their community, while long-term prescription medications will be filled by the VA.

Copayment charges are the same for community care as care at a VA medical facility. Usually, this means veterans who are required to pay copayments will be charged a copayment for treatment of their nonservice-connected conditions. Copayment bills are sent by the VA, not the community provider. For the new urgent care benefit, veterans may owe a copayment that would be different from their usual VA copayment, depending on their assigned veteran priority group and the number of urgent care visits per calendar year. If a Veteran is eligible for beneficiary travel, their eligibility will not change. Beneficiary travel is paid the same way whether the care is provided at a VA medical facility or through a community provider. Generally, the VA will pay Medicare rates, but there are several proposed exceptions to this rate that may apply, to be established through a contract or agreement.

The Veterans Choice Program is the name of a Federal program started in 2014 to quickly expand access to care for veterans. The VA Mission Act is the name of a Federal law that establishes a new, single community care program, among other provisions. Some of these other provisions affect other types of VA benefits for veterans beyond community care. The Administration is making no efforts to privatize the VA or shift resources away from VA medical facilities. Improvements to community care under the VA Mission Act are part of a larger effort to modernize the VA health care system and give veterans greater choice over their health care. The CCN will serve as a high-performing network of community providers. The VA is currently working to award contracts with Third Party Administrators to establish CCN nationwide. To partner with the VA to care for veterans, most community providers will need to join the VA’s new Community Care Network. In addition, community providers will generally be required to submit claims using electronic data interchange (EDI), and providers must submit claims within 180 days of providing care.

VA MISSION ACT – VETERAN COMMUNITY CARE ELIGIBILITY

Release, April 2019

Under the VA Mission Act of 2018, veterans will have better access and greater choice in health care either at the VA or a community provider through improved eligibility criteria. The new eligibility criteria are projected to go into effect in June 2019 after final regulations are published and effective. Key aspects of community care eligibility are:

- Veterans must receive approval from the VA prior to obtaining care from a community provider in most circumstances.
- Veterans must either be enrolled in the VA health care or be eligible for VA care without needing to enroll to be eligible for community care.

- Eligibility for community care will continue to be dependent upon a veteran’s individual health care needs or circumstances.
- VA staff members generally make all eligibility determinations.
- Veterans will usually have the option to receive care at a VA medical facility regardless of their eligibility for community care.
- Meeting any one of six eligibility criteria listed below is sufficient to be referred to a community provider—a veteran does not have to meet all of them to be eligible.
 1. A veteran needs a specific type of care or service the VA does not provide in-house at any of its medical facilities.
 2. The veteran Lives in a U.S. state or territory without a full-service VA Medical Facility. Specifically, this would apply to veterans living in Alaska, Hawaii, New Hampshire, and the U.S. territories of Guam, American Samoa, the Northern Mariana Islands, and the U.S. Virgin Islands.
 3. The veteran qualifies under the “grandfather” provision related to distance eligibility for the Veterans Choice Program. For this element, there are a few different ways a veteran could be eligible for community care. Initially, there are two requirements that must be met in every case. The veteran was eligible under the 40-mile criterion under the Veterans Choice Program on the day before the VA Mission Act was enacted into law (June 6, 2018) and the veteran continues to reside in a location that would qualify them under that criterion. If both of these requirements have been met, a veteran may be eligible if the veteran lives in one of the five States with the lowest population density from the 2010 Census, which are North Dakota, South Dakota, Montana, Alaska, and Wyoming; or the veteran lives in another state, received care between June 6, 2017, and June 6, 2018, and requires care before June 6, 2020.
 4. The VA Cannot Furnish Care within Certain Designated Access Standards. To be eligible under this criterion, the VA would have to be unable to schedule a VA appointment for a veteran at a facility within a specific average drive time and within a certain number of days (wait time). If the VA could not schedule an appointment that is within both the average driving time standards and the wait-time standard, then the veteran would be eligible for community care. The specific access standards include the average drive time to a specific VA medical facility. Specifically, a 30 minute average drive time for primary care, mental health, and non-institutional extended care services (including adult day health care); and a 60 minute average drive time for specialty care. Average drive times are calculated by the VA using geo-mapping software that uses inputs such as traffic to calculate the average driving time. The other standard is the appointment wait time at a specific VA medical facility. It is 20 days for primary care, mental health care, and non-institutional extended care services, unless the veteran agrees to a later date in consultation with their VA health care provider, or 28 days for specialty care from the date of request, unless the veteran agrees to a later date in consultation with their VA health care provider.
 5. If it is in the veteran’s best medical interest, the veteran may be referred to a community provider when they and the referring clinician agree it is in their best medical interest to see a community provider.
 6. If a VA service line does not meet certain quality standards. If the VA has identified a medical service line is not meeting the VA’s standards for quality based on specific conditions, veterans can elect to receive care from a community provider under certain limitations.

If a veteran likes the care they receive at the VA and do not want to go to a community provider, even if they are eligible, they will continue to have the choice to receive care at the VA or a community provider. If a veteran is currently receiving community care through the Veterans Choice Program, a final determination on their eligibility for community care will continue to depend on the specific type of care needed, the veteran's circumstances, whether or not the care is available through a VA medical facility, and other factors. Beginning June 6, 2019, the VA will no longer be able to furnish care and services through the Veterans Choice Program, so the VA will need to determine a veteran's eligibility under one of the six criteria described above. If a veteran is receiving community care right now, and they like the clinician who is taking care of them, eligibility for community care will continue to be dependent upon the individual health care needs and circumstances, available care at a VA medical facility, and other factors. VA staff will work with the veteran to determine their eligibility and if they can continue to see your clinician.

The VA switched from distance to average drive time because veterans in urban areas can experience drive times that are as long or longer than veterans in rural or remote areas. The switch to average drive-time criteria provides veterans located in urban areas with improved choices for community care when average drive times to the nearest VA facility are long. Drive time is also commonly-used in the public and private health care sectors. The Choice Cards are no longer valid after 5, 2019. If a community provider currently sees veterans in their practice who are distance-eligible under the Veterans Choice Program, they may still be eligible for community care depending on their individual health care needs or circumstances. Veterans should contact their local VA facility to determine if they are still eligible for community care.

VA ANNOUNCES FINAL COMMUNITY CARE REGULATIONS UNDER MISSION ACT

News Release, June 5, 2019

The U.S. Department of Veterans Affairs announced the publication in the Federal Register of two final regulations as part of its new Veterans Community Care Program under the VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act of 2018. Signed into law on June 6, 2018, the MISSION Act strengthens the VA's ability to deliver trusted, easy to access, high quality care at VA facilities, virtually through telehealth, and in veterans' communities. The law makes several improvements to VA care that began on June 6, 2019. "President Trump promised to give veterans greater choice," said VA Secretary Robert Wilkie. "We are honoring that promise by making sure veterans have access to timely, high-quality care, whether from our VA facilities or our community providers."

A key component of the MISSION Act is a new urgent care benefit that provides eligible veterans with greater choice and access to timely, high-quality care. With urgent care, veterans have a new option for care for the treatment of minor injuries and illnesses, such as colds, sore throats, and minor skin infections. The benefit is offered in addition to the opportunity to receive care from a VA provider, as the VA also offers same-day services.

The VA also published the final regulation for the Veterans Community Care Program governing how eligible veterans receive necessary hospital care, medical services, and extended care services from non-VA entities or providers in the community. The new Veterans Community Care Program replaces the Veterans Choice Program, which expired June 6, 2019. VA previously published an interim final rule for Veterans Care Agreements (VCA) on May 14, 2019. The VA may use VCAs to order care when that care is not otherwise feasibly available through the VA's contracted network. VCAs are intended to be used in limited situations. The VA will purchase most community care for veterans through its contracted network as part of its strong partnerships with third party administrators. Currently, these administrators are TriWest Healthcare Alliance and Optum Public Sector Solutions.

The VA is implementing improvements to its community care program as required by the VA MISSION Act. Veterans can find detailed information on urgent care eligibility, community care eligibility, and MISSION Act implementation at www.missionact.va.gov.

VA AND WHITE HOUSE LAUNCH VETERAN SUICIDE-PREVENTION TASK FORCE

News Release, June 17, 2019

As part of the U.S. Department of Veterans Affairs (VA) and White House initiative to curb veteran suicide, VA Secretary Robert Wilkie and Director of the White House Domestic Policy Council Joe Grogan launched a cabinet-level task force June 17th to develop a national roadmap. The President's Roadmap to Empower Veterans and End the National Tragedy of Suicide (PREVENTS) task force will include a community integration and collaboration proposal, a national research strategy, and an implementation strategy. Efforts supporting the development of the roadmap are already well under way and are on target for the March 2020 delivery to the White House. "This is a call to action," Wilkie said. "In order to decrease the rate of veteran suicide, we need to engage our local and community partners in addition to leveraging the resources of the departments. We need an all-hands on-deck approach to preserve the lives of our veterans who have served our country. As such, I am thrilled to announce that Dr. Barbara Van Dahlen, the founder and president of Give an Hour, has agreed to serve as executive director of the critical PREVENTS work. Dr. Van Dahlen is widely recognized for changing the culture surrounding mental health and suicide and is an expert and thought leader in large-system change. We are proud to have her leading this effort."

On March 5th, President Donald J. Trump signed an executive order (EO) titled "National Roadmap to Empower Veterans and End Suicide." The EO directed the Secretary of VA and the director of the White House Domestic Policy Council to co-chair and stand up an interagency task force to develop a plan implementing a roadmap for the prevention of veteran suicide at the national and community level. As part of the effort to ensure the broadest stakeholder input in the development of the national research strategy, the task force is releasing a Request for Information (RFI) to gather feedback on how to improve research and the use of research to radically reduce veteran suicide. Input can be provided at www.research.va.gov/PREVENTS. "In signing this Executive Order, President Trump demonstrated that once again he is putting a high priority on the needs of our veterans," Grogan said. "Through the standup of a collaborative task force, the development and implementation of a public health approach and enhanced research, we will increase our efforts to prevent veteran suicide with the aspirational goal of zero veteran suicides." To learn more about the VA's suicide prevention resources and programs, you can visit www.mentalhealth.va.gov/suicide_prevention.

Veterans who are in crisis or having thoughts of suicide, and those who know a veteran in crisis, can call the Veterans Crisis Line for confidential support 24 hours a day. Call (800) 273-8255 and press 1, send a text message to 838255, or chat online at VeteransCrisisLine.net/Chat.

VA TO REDUCE RATES FOR SERVICEMEMBERS' GROUP LIFE INSURANCE

News Release, June 25, 2019

On July 1st, the U.S. Department of Veterans Affairs (VA) will reduce Servicemembers' Group Life Insurance (SGLI) monthly premium rates from 7 cents per \$1,000 to 6 cents per \$1,000 of insurance, along with Family SGLI Program (FSGLI) premium rates for spousal coverage at all age brackets. SGLI is a program that provides low-cost term life insurance coverage to eligible service members, while FSGLI provides group term life insurance coverage to the spouses and dependent children of service members insured under SGLI. "VA continues to place the interests of service members and their families first by keeping SGLI premiums as low as possible, while ensuring funds are available to pay claims to beneficiaries," said VA Secretary Robert Wilkie. "This is just another example of VA's efforts to provide improved services to veterans."

The SGLI premium decrease impacts 2.1 million active duty service members, Reservists, and National Guard members, while the FSGLI premium decrease impacts nearly 1 million of those members who have coverage for their spouses. This will mean a decrease of \$4.00 a month in premiums for a service member with the maximum \$400,000 of SGLI coverage. Service members with spouses covered under FSGLI will see an additional average monthly premium decrease ranging from 10 to 32% depending on the age and the amount of coverage for the spouse.

The VA regularly reviews the claims experience and the financial position of the program and has reduced premiums whenever possible. Service members with SGLI and FSGLI coverage will begin seeing a change in the deduction from their pay during the month of July. Reservists drilling (monthly unit training) for retirement points rather than pay or not receiving pay for other reasons, will be billed by their service department for the reduced premium rates beginning in July 2019. For more information, visit www.benefits.va.gov/insurance for the tables of the new premium rates.

VA EXCEEDS HIRING GOAL OF MENTAL HEALTH PROVIDERS BY THE THOUSANDS

News Release, June 14, 2019

The U.S. Department of Veterans Affairs (VA) recently surpassed its original goal to hire mental health providers by more than 1,000, through the Mental Health Hiring Initiative, which aims to achieve higher standards of access and quality care. Since 2017, the VA has filled nearly 4,000 mental health positions nationwide, which provides nearly 120,000 more veterans access to high-quality mental health services each year, including those in underserved and rural regions of the country. "VA committed to improve access to mental health care in June 2017 as part of its top clinical priority to prevent veteran suicide," said VA Secretary Robert Wilkie. "As outlined in the MISSION Act, VA will continue to recruit and retain the best health care providers to meet patient demand and provide quick access to mental health care. Building a clinical trainee pipeline of qualified health care professionals is crucial to future VA recruitment and sustainment efforts."

Some of the success can be attributed to the VA hosting its first-ever external virtual trainee hiring fair, where 74 mental health professionals completed training and accepted positions at VA facilities. The department is currently planning a second, internal virtual-trainee hiring event focused on connecting, matching, and retaining current VA psychology trainees and placing them into vacant positions at VA facilities. Staff were also empowered to develop facility-specific hiring and retention plans, which enabled them to hire as vacancies opened. Many facilities used national hiring announcements offering loan repayment and other incentives for attracting mental health professionals. To learn more about VA health care employment opportunities and hiring events, visit www.VAcareers.va.gov.

VETERANS SERVICE OFFICER TRAINING CONFERENCE INVITATIONS WENT OUT

The Idaho Division of Veterans Services 2019 Veterans Service Officer Training Conference is scheduled at the Riverside Hotel in Boise August 21, 22, and 23, 2019. Invitations went out in late May, so if you didn't receive one and would like to attend, please contact Jennel Binsky at jennel.binsky@veterans.idaho.gov or (208) 780-1380.

VA HEALTH CARE FACILITIES GOING SMOKE FREE

News Release, June 10, 2019

As part of the U.S. Department of Veterans Affairs' (VA) commitment to provide excellent health care for veterans, the department will implement a new policy restricting smoking by patients, visitors, volunteers, contractors, and vendors at its health care facilities by October. Although the VA has historically permitted smoking in designated areas, there is growing evidence that smoking and exposure to secondhand and thirdhand smoke creates significant medical risks, and risks to safety and direct patient care that are inconsistent with medical requirements and limitations. Accordingly, the VA's Veterans Health Administration (VHA) has collaborated with key stakeholders to update and recertify the policy to be consistent with the department's commitment to veterans and the community. A recent VA survey revealed that approximately 85% of responding facility leadership support smoke-free campuses, and this new policy for patients, visitors, volunteers, contractors, and vendors allows the VA to ensure the health and well-being of VA staff, patients and the public. "We are not alone in recognizing the importance of creating a smoke-free campus," said VA Secretary Robert Wilkie. "As of 2014, 4,000 health care facilities and four national health care systems in the U.S. have implemented smoke-free grounds. This policy change coincides with additional VHA efforts to help us become the provider of choice for veterans and the reason why veterans will Choose VA."

The VHA's new smoke-free policy applies to cigarettes, cigars, pipes, any other combustion of tobacco and non-Federal Drug Administration approved electronic nicotine delivery systems (ENDS), including but not limited to electronic or e-cigarettes, vape pens, or e-cigars. To learn more about health risks associated with smoking, visit the Surgeon General's website at www.hhs.gov/surgeongeneral/reports-and-publications/tobacco or smokefree.gov. The VHA has extensive resources and programs to assist veterans in their smoke-free journey. They can be found at www.mentalhealth.va.gov/quit-tobacco. For additional information about the policy, visit www.va.gov/vhapublications/ViewPublication.

THE STORY OF INDEPENDENCE DAY

Independence Day is the national holiday of the United States of America commemorating the signing of the Declaration of Independence by the Continental Congress on July 4, 1776, in Philadelphia, Pennsylvania.

At the time of the signing, the United States consisted of 13 colonies under the rule of England's King George III. There was growing unrest in the colonies concerning the taxes that had to be paid to England. This was commonly referred to as "Taxation without Representation," as the colonists did not have any representation in the English Parliament and had no say in what went on. As the unrest grew in the colonies, King George sent extra troops to help control any rebellion. In 1774, the 13 colonies sent delegates to Philadelphia, Pennsylvania to form the First Continental Congress. The delegates were unhappy with England, but were not yet ready to declare war.

In April 1775, as the King's troops advanced on Concord, Massachusetts, Paul Revere would sound the alarm "The British are coming, the British are coming" as he rode his horse through the late night streets. The battle of Concord and its "shot heard round the world" would mark the unofficial beginning of the colonies war for Independence.

The following May, the colonies again sent delegates to the Second Continental Congress. For almost a year the congress tried to work out its differences with England, again without formally declaring war. By June 1776 their efforts had become hopeless and a committee was formed to compose a formal declaration of independence. Headed by Thomas Jefferson, the committee included John Adams, Benjamin Franklin, Philip Livingston, and Roger Sherman. Thomas Jefferson was chosen to write the first draft, which was presented to the congress on June 28th. After various changes, a vote was taken late in the afternoon of July 4th. Of the 13 colonies, nine voted in favor of the Declaration, two - Pennsylvania and South Carolina - voted no, Delaware was undecided, and New York abstained.

To make it official, John Hancock, President of the Continental Congress, signed the Declaration of Independence. It is said that John Hancock signed his name "with a great flourish" so "King George can read that without spectacles!" The following day copies of the Declaration were distributed. The first newspaper to print the Declaration was the Pennsylvania Evening Post on July 6, 1776. On July 8th, the Declaration had its first public reading in Philadelphia's Independence Square. Twice that day the Declaration was read to cheering crowds and pealing church bells. Even the bell in Independence Hall was rung. The "Province Bell" would later be renamed "Liberty Bell" after its inscription - "*Proclaim Liberty Throughout All the Land Unto All the Inhabitants Thereof.*"

Although the signing of the Declaration was not completed until August, the 4th of July has been accepted as the official anniversary of United States independence. The first Independence Day celebration took place the following year, July 4, 1777. By the early 1800's, the traditions of parades, picnics, and fireworks were established as the way to celebrate America's birthday. And although fireworks have been banned in most places because of their danger, most towns and cities usually have big firework displays for all to see and enjoy.

DATES TO REMEMBER

July 2	U.S. Army Air Corps established, 1926
July 4	Independence Day
July 20	Neil Armstrong walks on the moon, 1969
July 27	Korean War Armistice Day, 1953
August 4.....	U.S. Coast Guard established, 1790
August 7.....	Order of the Purple Heart established, 1782
August 14.....	Japan surrendered, ending WWII, 1945
September 2.....	Labor Day
September 11.....	Patriot Day
September 14.....	Star Spangled Banner written by Francis Scott Key, 1814
September 17.....	VFW Ladies Auxiliary organized, 1914
	U.S. Constitution approved, 1787
September 18.....	U.S. Air Force established, 1947
September 20.....	POW/MIA Day
September 29.....	Veteran of Foreign Wars (VFW) established, 1899

CONVENTION SCHEDULES

American Legion

- StateJuly 11-14, 2019, Worley, ID
- National.....August 23-29, 2019, Indianapolis, IN

AMVETS

- National.....August 21-25, 2019, Louisville, KY

Disabled American Veterans

- National.....August 3-6, 2019, Orlando, FL

Marine Corps League

- National.....August 4-9, 2019, Billings, MT

Military Order of the Purple Heart

- National.....July 8-12, 2019, Branson, MO

Veterans of Foreign Wars

- National.....July 20-24, 2019, Orlando, FL

Vietnam Veterans of America

- National.....July 16-20, 2019, Spokane, WA

THE ORIGIN OF TAPS

During the Civil War in July 1862, when the Army of the Potomac was in camp, Brig. Gen. Daniel Butterfield summoned Pvt. Oliver Wilcox Norton, his brigade bugler, to his tent. Butterfield, who disliked the colorless “extinguish lights” call then in use, whistled a new tune and asked the bugler to sound it for him. After repeated trials, the call was finally arranged to suit Gen. Butterfield and used for the first time that night. Pvt. Norton, who on several occasions, had sounded numerous new calls composed by his commander, recalled his experience of the origin of “Taps” years later:

“One day in July 1862, when the Army of the Potomac was in camp at Harrison's Landing on the James River, Virginia, resting and recruiting from its losses in the seven days of battle before Richmond, Gen. Butterfield summoned the writer to his tent, and whistling some new tune, asked the bugler to sound it for him. This was done, not quite to his satisfaction at first, but after repeated trials, changing the time of some of the notes which were scribbled on the back of an envelope, the call was finally arranged to suit the general.

He then ordered that it should be substituted in his brigade for the regulation “Taps” (extinguish lights) which was printed in the Tactics and used by the whole army. This was done for the first time that night. The next day buglers from nearby brigades came over to the camp of Butterfield's brigade to ask the meaning of this new call. They liked it, and copying the music, returned to their camps, but it was not until some time later, when generals of other commands had heard its melodious notes, that orders were issued, or permission given, to substitute it throughout the Army of the Potomac for the time-honored call which came down from West Point.”

In the western armies, the regulation call was in use until the autumn of 1863. At that time, the XI and XII Corps were detached from the Army of the Potomac and sent under command of Gen. Hooker to reinforce the Union Army at Chattanooga, Tennessee. Through its use in these corps, it became known in the western armies and was adopted by them. From that time, it became and remains to this day the official call for “Taps.” It is printed in the present Tactics and is used throughout the U.S. Army, the National Guard, and all organizations of veteran soldiers. Gen. Butterfield, in composing this call and directing that it be used for “Taps” in his brigade, could not have foreseen its popularity and the use for another purpose into which it would grow. Today, whenever a man is buried with military honors anywhere in the United States, the ceremony is concluded by firing three volleys of musketry over the grave and sounding with the trumpet or bugle “Put out the lights. Go to sleep...” There is something singularly beautiful and appropriate in the music of this wonderful call. Its strains are melancholy, yet full of rest and peace. Its echoes linger in the heart long after its tones have ceased to vibrate in the air.

DAV VAN CONTACTS TO AND FROM VA MEDICAL CENTERS

BOISE & SURROUNDING AREA TO BOISE VAMC

All appointments for rides must be made 72 hours in advance.

For the schedule or an appointment, call Jim Rossette at the Boise VA Medical Center (208) 422-1000 ext. 7555.

LEWISTON & SURROUNDING AREA TO SPOKANE VAMC

All appointments for rides must be made 72 hours in advance.

For the schedule or an appointment, call the DAV Transportation Office at the Spokane VA Medical Center (800) 325-7940.

LIBBY & SURROUNDING AREA TO SPOKANE VAMC

All appointments for rides must be made 72 hours in advance.

For the schedule or an appointment, Call the DAV Transportation Office at the Spokane VA Medical Center (800) 325-7940.

COEUR D'ALENE & SURROUNDING AREA TO SPOKANE VAMC

All appointments for rides must be made 72 hours in advance.

For the schedule or an appointment, Call the DAV Transportation Office at the Spokane VA Medical Center (800) 325-7940.

SANDPOINT & SURROUNDING AREA TO SPOKANE VAMC

All appointments for rides must be made 72 hours in advance.

For the schedule or an appointment, call the DAV Transportation Office at the Spokane VA Medical Center (800) 325-7940.

LEWISTON TO WALLA WALLA VAMC

Thursdays: Walla Walla VA Medical Center Van. 8:00 a.m. departure from the CBOC at 1630 23rd Avenue, Building 2.

Arrives at Walla Walla at 10:00 a.m. Departs Walla Walla at 1:30 p.m. Arrives Lewiston at 3:30 p.m.

If your appointment runs past the departure time of 1:30, there is no alternative for returning to Lewiston.

POCATELLO, IDAHO FALLS, & SURROUNDING ARE TO SALT LAKE CITY VAMC

All appointments for rides should be made 72 hours in advance.

For the schedule or an appointment, call the VTS/DAV Transportation Office at (800) 613-4012 ext. 2003 or 1027.

