



Idaho Division of  
**VETERANS  
SERVICES**

*Caring for  
America's  
Heroes*

# **BULLETIN**

**October  
2016**

# STATE OF IDAHO

C.L. "BUTCH" OTTER  
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**







Women Veterans Past and Present  
Healthy Living, Healing, and Informing

# Women Veterans Conference

October 22, 2016  
Riverside Hotel  
2900 W Chinden Blvd  
Boise ID 83714

Conference is free and lunch will be provided

Register:

[www.eventbrite.com/e/idaho-women-veterans-conference-tickets-25437035859](http://www.eventbrite.com/e/idaho-women-veterans-conference-tickets-25437035859)

Or visit our Facebook Page

[www.facebook.com/IdahoWomenVeteransConference/](http://www.facebook.com/IdahoWomenVeteransConference/)

***There will be a Wine Tasting Event from 7-9 the night before  
At the Telaya Winery which is next door to the Riverside***



## **VA AWARDS \$300 MILLION MORE IN GRANTS TO HELP END VETERAN HOMELESSNESS**

**News Release August 30, 2016**

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The Department of Veterans Affairs (VA) awarded approximately \$300 million more in grants under the Supportive Services for Veteran Families (SSVF) program to help thousands of very low-income veteran families around the nation who are permanently housed or transitioning to permanent housing. The SSVF grant program provides access to crucial services to prevent homelessness for veterans and their families. SSVF funding, which supports outreach, case management, and other flexible assistance to prevent veteran homelessness or rapidly re-house veterans who become homeless, has been awarded to 275 non-profit organizations in all 50 states, the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands. These grants, key elements of the VA's implementation of the Housing First Strategy, enable vulnerable veterans to secure or remain in permanent housing. A list of SSVF grantees is located at [www.va.gov/homeless/ssvf.asp](http://www.va.gov/homeless/ssvf.asp). "Since 2010, the Housing First Strategy has helped cut veteran homelessness nearly in half," said VA Secretary Robert A. McDonald. "Housing First is why 360,000 veterans and family members have been housed, rehoused, or prevented from falling into homelessness over the last five years. SSVF helps homeless veterans quickly find stable housing and access the supportive services they – and their families – need."

Grantees will continue to provide eligible veteran families with outreach, case management, and assistance obtaining VA and other benefits, which may include health care, income support services, financial planning, child care, legal services, transportation, housing counseling, among other services. Grantees are expected to leverage supportive services grant funds to enhance the housing stability of very low-income veteran families who are occupying permanent housing. In doing so, grantees are required to establish relationships with local community resources.

In fiscal year (FY) 2015, SSVF served more than 157,000 participants and is on track to exceed that number in FY 2016. As a result of these and other efforts, veteran homelessness is down 47% since the launch of the Federal Strategic Plan to Prevent and End Homelessness in 2010. Also since 2010, more than 360,000 veterans and their family members have been permanently housed, rapidly re-housed, or prevented from falling into homelessness by the VA's homelessness programs and targeted housing vouchers provided by the Department of Housing and Urban Development. Today's grant recipients successfully competed for grants under a January 15, 2016, Notice of Fund Availability. Applications were due February 5, 2016. The funding will support SSVF services in FY 2017, which starts October 1, 2016, and ends September 30, 2017. For more information about the SSVF program, visit [www.va.gov/homeless/ssvf.asp](http://www.va.gov/homeless/ssvf.asp).

## **VA PROVIDES SERVICE DOG BENEFITS TO VETERANS WITH MENTAL HEALTH DISORDERS**

**News Release August 18, 2016**

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The Department of Veterans Affairs (VA) announced it is piloting a protocol to implement veterinary health benefits for mobility service dogs approved for veterans with a chronic impairment that substantially limits mobility associated with mental health disorders. "We take our responsibility for the care and safety of veterans very seriously," said VA Under Secretary for Health, Dr. David J. Shulkin. The Department of Veterans Affairs is committed to providing appropriate, safe and effective, compassionate care to all veterans. Implementing the veterinary health benefit for mobility service dogs approved for veterans with a chronic impairment that substantially limits mobility associated with mental health disorders may prove to be significantly beneficial for some veterans. The Service Dog Benefits Pilot will evaluate this premise."

The VA has been providing veterinary benefits to veterans diagnosed as having visual, hearing, or substantial mobility impairments and whose rehabilitation and restorative care is clinically determined to be optimized through the assistance of a guide dog or service dog. With this pilot, this benefit is being provided to veterans with a chronic impairment that substantially limits mobility associated with a mental health disorder for whom the service dog has been identified as the optimal way for the veteran to manage the mobility impairment and live independently.

Service dogs are distinguished from pets and comfort animals because they are specially trained to perform tasks or work for a specific individual with a disability who cannot perform the task or accomplish the work independently. To be eligible for the veterinary health benefit, the service dog must be trained by an organization accredited by Assistance Dogs International in accordance with VA regulations. Currently, 652 veterans with approved guide or service dogs receive the veterinary service benefit. This pilot is anticipated to provide the veterinary service benefit to up to 100 additional veterans with a chronic impairment that substantially limits mobility associated with a mental health disorder. The VA veterinary service benefit includes comprehensive wellness and sick care (annual visits for preventive care, maintenance care, immunizations, dental cleanings, screenings, etc.), urgent/emergent care, prescription medications, and care for illnesses or disorders when treatment enables the dog to perform its duties in service to the veteran. Additional information about the VA's service dog program can be found at [www.prosthetics.va.gov/ServiceAndGuideDogs.asp](http://www.prosthetics.va.gov/ServiceAndGuideDogs.asp).

# VA RELEASES REPORT ON NATION'S LARGEST ANALYSIS OF VETERAN SUICIDE

News Release August 3, 2016

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The Department of Veterans Affairs (VA) released its findings from the nation's most comprehensive analysis of veteran suicide rates in the United States in which the VA examined more than 55 million veterans' records from 1979 to 2014 from every state in the nation. The effort advances the VA's knowledge from the previous report in 2012, which was primarily limited to information on veterans who used VHA health services or from mortality records obtained directly from 20 states and approximately 3 million records. Compared to the data from the 2012 report, which estimated the number of veteran deaths by suicide to be 22 per day, the current analysis indicates that in 2014, an average of 20 veterans a day died from suicide.

The report concludes that approximately 65% of all veterans who died from suicide in 2014 were 50 years of age or older, and veterans accounted for 18% of all deaths from suicide among U.S. adults. This is a decrease from 22% in 2010. Since 2001, U.S. adult civilian suicides increased 23%, while veteran suicides increased 32% in the same time period. After controlling for age and gender, this makes the risk of suicide 21% greater for veterans. Since 2001, the rate of suicide among U.S. veterans who use VA services increased by 8.8%, while the rate of suicide among veterans who do not use VA services increased by 38.6%. In the same time period, the rate of suicide among male veterans who use VA services increased 11%, while the rate of suicide increased 35% among male veterans who do not use VA services. In the same time period, the rate of suicide among female veterans who use VA services increased 4.6% while the rate of suicide increased 98% among female veterans who do not use VA services.

The VA is aggressively undertaking a number of new measures to prevent suicide, including:

- The VA has implemented comprehensive, broad-ranging suicide prevention initiatives, including a toll-free Veterans Crisis Line, placement of Suicide Prevention Coordinators at all VA Medical Centers, and large outpatient facilities and improvements in case management and tracking. In addition, the VA announced this week the creation of a satellite Veterans Crisis Line site in Atlanta, Georgia, for increased staffing capability and geographic redundancy; the satellite site is expected to operational in October 2016 with 200 additional responders.
- Ensuring same-day access for veterans with urgent mental health needs at over 1,000 points of care by the end of calendar year 2016. In fiscal year 2015, more than 1.6 million veterans received mental health treatment from the VA, including at over 150 medical centers, 820 community-based outpatient clinics, and 300 Vet Centers that provide readjustment counseling. Veterans also enter VA health care through the Veterans Crisis Line, VA staff on college and university campuses, or other outreach points.
- Using predictive modeling to determine which veterans may be at highest risk of suicide, so providers can intervene early. Veterans in the top 0.1% of risk, who have a 43-fold increased risk of death from suicide within a month, can be identified before clinical signs of suicide are evident in order to save lives before a crisis occurs.
- Expanding telemental health care by establishing four new regional telemental health hubs across the VA healthcare system.
- Hiring over 60 new crisis intervention responders for the Veterans Crisis Line. Each responder receives intensive training on a wide variety of topics in crisis intervention, substance use disorders, screening, brief intervention, and referral to treatment.
- Building new collaborations between veteran programs in the VA and those working in community settings, such as Give an Hour, Psych Armor Institute, University of Michigan's Peer Advisors for Veterans Education Program (PAVE), and the Cohen Veterans Network.
- Creating stronger inter-agency (e.g. Substance Abuse and Mental Health Services Administration, Department of Defense, National Institutes of Health) and new public-private partnerships (e.g., Johnson & Johnson Healthcare System, Bristol Myers Squibb Foundation, Walgreen's, and many more) focused on preventing suicide among veterans.

Many of these efforts were catalyzed by the VA's February 2016 Preventing Veteran Suicide—A Call to Action summit, which focused on improving mental health care access for veterans across the nation and increasing resources for the VA Suicide Prevention Program. Suicide is an issue that affects all Americans. Recent Centers for Disease Control and Prevention (CDC) data reported in April 2016 that from 1999 through 2014 (the most recent year with data available from CDC), suicide rates increased 24% in the general population for both males and females. A link to the report may be found at [www.mentalhealth.va.gov/docs/2016suicidedatareport.pdf](http://www.mentalhealth.va.gov/docs/2016suicidedatareport.pdf).

Other VA mental health information can be found on the VA Mental Health page at: [www.mentalhealth.va.gov](http://www.mentalhealth.va.gov). Information about the Crisis Line is available at [www.VeteransCrisisLine.net](http://www.VeteransCrisisLine.net); or veterans in crisis can call the Crisis Line at (800) 273-8255 (press 1) or by texting 838255.

## **VA AWARDS \$6.8 BILLION FOR MEDICAL DISABILITY EXAMINATIONS**

**News Release September 19, 2016**

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The Department of Veterans Affairs (VA) announced the awarding of 12 contracts between 5 firms totaling \$6.8 billion to improve the Medical Disability Examination process (Compensation and Pension or Comp and Pen Examinations) for veterans. The awards are intended to reduce veterans' wait times for examinations for service-connected benefits, thereby providing faster claims decisions in a more efficient and streamlined way. "This is good news for veterans who are waiting for VA to determine whether a condition can be considered service-connected," said VA Secretary Robert A. McDonald. "For these veterans, we want the process to be smoother – from beginning to end. When we announced the MyVA initiative in 2014 to improve veterans' experience with VA, that meant looking at every process and every product. These awards represent a way for us to improve a significant process for veterans."

Contracts were awarded to VetFed Resources, Inc., Alexandria, VA; Logistics Health, Inc., La Crosse, WI; Medical Support Los Angeles, A Medical Corporation, Pasadena, CA; QTC Medical Services, Inc., Diamond Bar, CA; and Veterans Evaluation Services, Inc., Houston, TX. The contracts are being awarded for a period of 12 months with (4) 12-month options, with an aggregate ceiling of \$6.8 billion. The contracts will be managed by the VA's Strategic Acquisition Center based in Frederick, MD.

## **VA PROPOSES RULE TO CONSIDER CERTAIN DISEASES ASSOCIATED WITH CAMP LEJEUNE WATER SUPPLY**

**News Release September 9, 2016**

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The Department of Veterans Affairs (VA) has published proposed regulations to establish presumptions for the service connection of eight diseases affecting military members exposed to contaminants in the water supply at Camp Lejeune, NC. The presumptive illnesses apply to active duty, reserve, and National Guard members who served for no less than 30 days at Camp Lejeune between August 1, 1953, and December 31, 1987, and are diagnosed with the following conditions:

- adult leukemia
- aplastic anemia and other myelodysplastic syndromes
- bladder cancer
- kidney cancer
- liver cancer
- multiple myeloma
- non-Hodgkin's lymphoma
- Parkinson's disease

"We have a responsibility to take care of those who have served our Nation and have been exposed to harm as a result of that service," said Secretary of Veterans Affairs Robert A. McDonald. "Establishing a presumption for service at Camp Lejeune will make it easier for those veterans to receive the care and benefits they deserve."

Environmental health experts on VA's Technical Workgroup conducted comprehensive reviews of scientific evidence, which included analysis and research done by the Department of Health and Human Service's Agency for Toxic Substances and Disease Registry (ATSDR), Environmental Protection Agency, the International Agency for Research on Cancer, the National Toxicology Program, and the National Academies of Science. Military members with records of service showing no less than 30 days of service, either concurrent or cumulative, at Camp Lejeune during the contamination period can already be granted veteran status for medical benefits, following passage of the Honoring America's Veterans and Caring for Camp Lejeune Families Act of 2012.

In the early 1980s, volatile organic compounds, trichloroethylene (TCE), a metal degreaser, and perchloroethylene, a dry cleaning agent (PCE), as well as benzene, and vinyl chloride were discovered in two on-base water supply systems at Camp Lejeune. These systems served the housing, administrative, and recreational facilities, as well as the base hospital. The contaminated wells supplying the water systems were shut down in February 1985. The VA acknowledges that current science establishes a link between exposure to certain chemicals found in the water supply at Camp Lejeune and later development of one of the proposed presumptive conditions. However, VA experts agree that there is no scientific underpinning to support a specific minimum exposure level for any of the conditions. Therefore, the VA welcomes comments on the 30-day minimum exposure requirement and will consider other practical alternatives when drafting the final rule. The VA also notes the proposed 30-day requirement serves to establish eligibility for service connection on a presumptive basis; nothing in this proposed regulation prohibits consideration of service connection on a non-presumptive basis. The 30-day public comment period on the proposed rule is open until October 10, 2016.

## **ROUTINE AUDIOLOGY & OPTOMETRY APPOINTMENTS WILL BE AVAILABLE BY DIRECT SCHEDULING**

**News Release September 8, 2016**

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Veterans receiving care at Department of Veterans Affairs' (VA) Medical Centers will now be able to schedule routine ear and eye appointments at local VA Audiology and Optometry clinics without a primary care referral – a move that eliminates multiple steps and gets veterans into appointments quicker. Before now, veterans seeking appointments with audiologists or optometrists had to first make an appointment with a primary care physician for a referral for a routine clinic consult visit. A clinic representative would contact the patient to set up the consult appointment, which could result in a several weeks' long lag between the appointment and when the veteran was actually seen. The new process, the Audiology and Optometry Direct Scheduling Initiative, which began as a successful pilot at three sites in 2015, is being expanded to all VA Medical Centers. "The Audiology and Optometry Direct Scheduling Initiative allows veterans who need eye and ear care to be seen sooner," said VA Secretary Robert A. McDonald. "It also has the benefit of freeing up primary care physicians so access to primary care improves for other veterans as well. This kind of process improvement is exactly the type of innovation we expected when we launched MyVA in 2014. In the end, we changed a VA process by considering the needs of our veterans, a change that allows for more timely care and an improved veteran experience."

The Audiology and Optometry Direct Scheduling Initiative is one of a number of efforts underway at the VA to improve veterans' access to care and wait times. Among those recent accomplishments:

- VA and Choice contractors created more than 3.1 million authorizations for veterans to receive care in the private sector from May 1, 2015, through April 30, 2016. This represents an 8% increase in authorizations when compared to the same period in 2014/2015.
- In FY 2015, 12% of all veterans enrolled for VA care received telehealth-based care. This includes more than 2 million telehealth visits touching 677,000 veterans; 45% of these veterans live in rural areas.
- In FY 2015, more than 6,300 veterans accessed VA care through live interactive video telehealth from home.
- The VA has activated over 3.9 million square feet of space in the past two years.
- We've increased authorizations for care in the community 46% in the past two years.
- Clinic production is up 10% as measured by the same productivity standard used by many private-sector healthcare systems. This increase translates into roughly 20 million additional hours of care for veterans.
- As we improve access to care, more and more veterans are choosing VA care — for the quality, for the convenience, or for the cost-savings so even though we're completing millions more appointments, we continue to have more work to do.
- The VA has increased salaries for physicians and dentists to close the pay gap with the private sector and to make VA an employer of choice. With more competitive salaries, VA will be better positioned to retain and hire more health care providers to care for veterans.

"We want our veterans and those who care for them to know that we are doing everything that we can to improve their experience with VA and to provide the care our veterans deserve in a thoughtful and timely way," said VA Under Secretary Dr. David J. Shulkin. "We have made progress, but know there is more work to be done. This Audiology and Optometry Direct Scheduling Initiative is one of many initiatives underway to improve veterans access to care." The Audiology and Optometry Direct Scheduling Initiative is expected to be fully operational within all VA Medical Centers by the end of 2016.

## **VA AWARDS \$7.8 MILLION IN ADAPTIVE SPORT GRANTS TO AID DISABLED VETERANS**

**News Release September 7, 2016**

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Secretary of Veterans Affairs Robert A. McDonald announced the awarding of up to \$7.8 million in grants for adaptive sports programs for disabled veterans and disabled servicemembers of the armed forces. The grant recipients may use these funds for planning, developing, managing, and implementing these adaptive sports programs. The Department of Veterans Affairs is awarding the grants to national governing bodies, which prepare high-level athletes for Paralympic competition; veterans service organizations; city and regional municipalities; and other community groups to provide a wide range of adaptive sports opportunities for eligible veterans and servicemembers. The grants will support activities ranging from rowing, cycling, skiing, equestrian sports, and Tai Chi. "We are honored to partner with so many organizations across the country to provide adaptive sports programs where our veterans live," said Secretary McDonald. "Adaptive sports gives freedom to those who have fought for our freedom, and empowers veterans to believe in themselves and to let go of what others may see as limitations."

The VA will distribute the grants to 90 national, regional, and community programs serving all 50 states, the District of Columbia, and Puerto Rico. Approximately 10,000 veterans and servicemembers are expected to benefit. Authorities for certain adaptive sports programs and grant programs expire on September 30, 2016, without reauthorization action by Congress. Information about the awardees and details of the program can be found at [www.va.gov/adaptivesports](http://www.va.gov/adaptivesports).

## **SECRETARY TAKES ACTION TO ENSURE VETERANS CONTINUE TO RECEIVE CARE CLOSE TO HOME**

**News Release July 21, 2016**

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As the Project ARCH pilot program comes to an end next month, Department of Veterans Affairs Secretary Robert A. McDonald announced that veterans enrolled in the program will be able to continue receiving care closer to home. Taking advantage of options available under the Veterans Choice Program, such as the “unusual or excessive burden provision” and provider agreements, veterans receiving care under Project ARCH will continue care without interruption when the pilot program ends August 7<sup>th</sup>. “There is nothing more important to us than serving the veterans who served our country,” said Secretary McDonald. “My commitment to those veterans under Project ARCH is that we will do everything within our control to make sure they maintain continuity of care in their communities with the providers they know.”

Project ARCH operates in Maine, Virginia, Kansas, Montana and Arizona. In anticipation of the program’s end, Project ARCH providers have been contacted and invited to continue to provide health care to veterans under the Veterans Choice Program. “VA appreciates the Veterans and community providers who participated in the program,” said Dr. Baligh Yehia, Assistant Deputy Under Secretary for Health for Community Care. “VA is employing lessons learned and best practices from the program as we work to build one consolidated program for community care – a program that delivers the best of both VA and the community.” Veterans transitioning to the Veterans Choice Program are being contacted regarding their individual care.

### **VA DENTAL INSURANCE PROGRAM**

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Delta Dental is pleased to offer the Veterans Affairs Dental Insurance Program (VADIP) for veterans enrolled in VA healthcare and individuals enrolled in the VA’s Civilian Health and Medical Program (CHAMPVA). The Veterans Affairs Dental Insurance Program, which began January 1, 2014, is offered through the Department of Veterans Affairs and is administered by Delta Dental’s Federal Government Programs division.

Delta Dental’s VADIP offers cost-effective dental coverage with three plan options designed to meet the various needs of VA beneficiaries. Enrollees in the VADIP are eligible for covered benefits within the service area that includes the 50 United States, the District of Columbia, and U.S. territories. Delta Dental provides access to an expansive nationwide dentist network, allowing VADIP enrollees to experience maximum cost savings, optimum program value, and the highest quality of dental care available.

For more information about the VADIP eligibility, plan benefits, and enrollment, please visit the website at [deltadentalvadip.org](http://deltadentalvadip.org). If you are retired from the military, please visit [trdp.org](http://trdp.org) for information on the TRICARE Retiree Dental Program.

### **HOW WAS VETERAN'S DAY NAMED?**

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By changing one word in a 28-year old resolution, the United States Congress in 1954 renamed the day this Nation had traditionally set aside for honoring its war veterans. On June 1, 1954, Congress, acting on a proposal made by Representative Edwin K. Rees, of Kansas, changed Armistice Day to "Veterans Day." Additional significance was added to Veterans Day in 1958, when two more unidentified American War dead were brought to Arlington Cemetery from overseas and interred beside the World War I Soldier. One was killed in World War II, the other in Korea. To honor the three, symbolic of all Americans who gave their lives, a U.S. Army honor guard - the First Battalion, Third Infantry (Old Guard) - keeps day and night vigil. The tribute honors the more than a million who have died in all U. S. wars. This includes the 4,000 who died during the American Revolution and the more than 50,000 who died in the Vietnam War.

Fighting in World War I ended at 11 a.m. on November 11, 1918. Two years later, France and England chose November 11, then known universally as Armistice Day, as the time for placing an unknown soldier of that war in each nation's highest place of honor. France chose the Arch de Triumph. England selected Westminster Abbey. The following year, on November 11, 1921, an American soldier - his name "known but to God" - was buried at Arlington National Cemetery. In 1926, Armistice Day was made the official name for November 11. Twelve years later, in 1938, another Congressional resolution made the date a national holiday.

If the idealistic hope had been realized that World War I was "The War to End All Wars," November 11 might still be called Armistice Day. But only two years after the holiday was proclaimed, World War II broke out in Europe and shattered the dream. Sixteen and a half million Americans took part. Four hundred and six thousand died. The families and friends of these dead longed for a way to honor their memory. The resolution introduced by Congressman Rees provided the answer. When President Eisenhower signed the bill proclaiming November 11, Veterans Day, he called for Americans Everywhere to rededicate themselves to the cause of peace. He proclaimed the day an occasion for honoring American veterans of all wars. The approximately 29 million living veterans and their families, plus the living dependents of deceased veterans, make up about one-half the population of the United States.

The 90th Congress passed legislation in 1968 to change the observance of Veterans Day to the fourth Monday in October.

The President signed PL 90-353 into law on June 28, 1968. In 1971, Veterans Day was observed on the fourth Monday in October, but veterans' organizations across the nation resented the moving of Veterans Day from the traditional date of November 11. In many states (Georgia was one of the first) legislation was initiated to move Veterans Day back to November 11. By 1977, forty-six states already had redesignated November 11 as Veterans Day, and legislation was enacted that, in 1978, restored November 11 as the official date for the observance of Veterans Day nationwide.

Focal point for Veterans Day observances continues to be the Arlington Memorial Amphitheater built around the Tomb of the Unknown Soldier in Arlington National cemetery. The site, established in 1864 and now operated by the Department of Defense, lies on property that once belonged to General Robert E. Lee, and contains more than 150,000 graves. At 11 a.m. on Veterans Day, a combined color guard representing all military services, presents arms at the Tomb of the Unknown Soldier. The Nation's tribute to its war dead is symbolized by the laying of a Presidential wreath. The bugler sounds "Taps." The balance of the ceremony, which includes a brief address, takes place at the Amphitheater. Six flaming torches are carried down the aisle by military representatives of six embassies and presented to representatives of American veterans' organizations as a symbol of veterans of the free world. Veterans Day ceremonies at Arlington are coordinated by the President's Veterans Day National Committee. Chaired by the Administrator of Veterans Affairs, the group has an executive committee which includes representatives of major national veterans' organizations. The Governor of each State appoints a Veterans Day chairman who works in cooperation with the National Committee in planning and projecting appropriate ceremonies within his state.



## DATES TO REMEMBER

October 10.....	Columbus Day
October 13.....	U.S. Navy established, 1775
October 14.....	Star Spangled Banner adopted as National Anthem, 1931
October 19.....	Revolutionary War ends, 1781
November 6.....	Daylight-saving time ends, set clocks back one hour
November 8.....	Election Day ( <i>see history below</i> )
November 10.....	U.S. Marine Corps established, 1775
November 11.....	Veteran's Day
November 19.....	Lincoln gives Gettysburg Address, 1863
November 24.....	Thanksgiving Day
December 3.....	Army-Navy Football Game, Baltimore, MD, 3:00 p.m. EST
December 7.....	Pearl Harbor bombed, 1941
December 16.....	Boston Tea Party, 1773
December 25.....	Christmas Day

## CONVENTION SCHEDULES

### American Legion

- Mid-winter.....January 12-15, 2017, Boise, ID
- National.....August 18-24, 2017, Reno, NV

### AMVETS

- National.....August 6-13, 2017, Norfolk, VA

### Catholic War Veterans of the United States

- National.....August 6-13, 2017, St. Louis, MO

### Disabled American Veterans

- Mid-winter.....
- National.....July 29-August 1, 2017, New Orleans, LA

### Marine Corps League

- National.....August 13-18, 2017, Overland Park, KS

### Military Order of the Purple Heart

- National.....August 9-19, 2017, Dallas, TX

### Veterans of Foreign Wars

- Mid-winter.....January 12-16, 2017, Boise, ID
- National.....July 22-26, 2017, New Orleans, LA

### Vietnam Veterans of America

- National.....August 8-12, 2017, New Orleans, LA

## THE HISTORY OF ELECTION DAY

By federal law since 1792, the U.S. Congress permitted the states to conduct their presidential elections (or otherwise to choose their Electors) anytime in a 34 day period before the first Wednesday of December, which was the day set for the meeting of the Electors of the U.S. president and vice-president (the Electoral College), in their respective states. An election date in November was seen as useful because the harvest would have been completed (important in an agrarian society) and the winter storms would not yet have begun in earnest (a plus in the days before paved roads and snowplows). However, the problems borne of this arrangement were obvious and were intensified by improved communications via train and telegraph: the states that voted later could swell, diminish, or be influenced by a candidate's victories in the states that voted earlier. In close elections, the states that voted last might well determine the outcome.

A uniform date for choosing presidential Electors was instituted by the Congress in 1845. Many theories have been advanced as to why the Congress settled on the first Tuesday after the first Monday in November. The actual reasons, as shown in records of Congressional debate on the bill in December 1844, were fairly prosaic. The bill initially set the national day for choosing presidential Electors on "the first Tuesday in November," in years divisible by four (1848, 1852, etc.). But it was pointed out that in some years the period between the first Tuesday in November and the first Wednesday in December (when the Electoral College met) would be more than 34 days, in violation of the existing Electoral College law. So, the bill was amended to move the national date for choosing presidential Electors forward to the first Tuesday after the first Monday in November, a date scheme already used in the state of New York.

As for the day of the week chosen, Sunday was ruled out because it was the Sabbath. An election on Monday might require travel on Sunday, and so was also ruled out. Tuesday had no problem.



**DAV VAN SCHEDULES TO AND FROM THE SPOKANE VA MEDICAL CENTER**

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**LEWISTON & SURROUNDING AREA**

**Wednesdays:** Spokane VA Medical Center. 6:00 a.m. departure from the State Veterans Home at 821 21st Avenue.

Picks up in Genesee, Moscow, Viola, Potlatch, Tensed, Plummer, and Worley. Arrives Spokane at 9:30 a.m.

**Fridays:** Spokane VA Medical Center. 6:00 a.m. departure from the State Veterans Home at 821 21st Avenue.

Picks up in Uniontown, Colton, Pullman, Colfax, Steptoe, Rosalia, and Spangle, WA. Arrives Spokane at 9:00 a.m.

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

Call the DAV Transportation Office at the Spokane VA Medical Center (800) 325-7940.

**\*\*\*If you are interested in being a volunteer driver, please call Voluntary Services at (509) 434-7503\*\*\***

**LIBBY & SURROUNDING AREA TO SPOKANE VAMC**

**Tuesdays and Thursdays:** 6:00 a.m. departure from Libby, MT.

Picks up in Troy MT, Bonner's Ferry, Sandpoint, Priest River, and Newport WA. Arrives at Spokane VA Medical Center at 9:00 a.m.

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

Call the DAV Transportation Office at the Spokane VA Medical Center (800) 325-7940.

**COEUR D'ALENE & SURROUNDING AREA TO SPOKANE VAMC**

**Daily:** Door to door pick up and return, times variable.

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

Call the DAV Transportation Office at the Spokane VA Medical Center (800) 325-7940.

**SANDPOINT & SURROUNDING AREA TO SPOKANE VAMC**

**Mondays, Wednesdays, and Fridays:**

Picks up in Noxon, Clark Fork, Hope, Sandpoint, Laclede, Priest River, Newport, Diamond Lake, Chattaroy. Arrives at Spokane at 9:00 a.m.

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

Call the DAV Transportation Office at the Spokane VA Medical Center (800) 325-7940 ext. 7019.

**WALLA WALLA VA MEDICAL CENTER VAN TO AND FROM LEWISTON**

\*\*\*\*\*

**Thursdays:** Walla Walla VA Medical Center Van. 8:00 a.m. departure from the CBOC at 1630 23<sup>rd</sup> 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\*\*\***

**SALT LAKE CITY VA MEDICAL CENTER**

**October** 3, 5, 7, 11, 13, 17, 19, 21, 25, 27, 31

**November** 2, 4, 8, 10, 14, 16, 18, 22, 28, 30

**December** 2, 6, 8, 12, 14, 16, 20, 22, 28, 30

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

Call the VTS/DAV Transportation Office at (800) 613-4012 ext. 2003 or 1027.

